

Certification of Ownership (Alcohol Beverage)

Development Services Department – Planning & Zoning Division

City of Panama City, City Hall, 501 Harrison Avenue, 2nd Floor, Room 217, Panama City, FL 32401

Phone: 850-872-3025 | Email: planning@panamacity.gov | Website: www.panamacity.gov

By printing my name and signature below I hereby certify that I am the owner of record of the property described and that I approve of the requested action(s) herein and hereby petitions the City of Panama City to review the beverage license application described herein to ensure consistency with all applicable local ordinances. I hereby certify that the information provided in this application is true and correct and understand that deliberate misrepresentation of such information will be grounds for denial and reversal of this application and/or revocation of any approval based on this application.

I understand that City staff may enter upon the property for the purpose of site inspection and the placement of a public notice sign (if necessary) for this application. I understand that all beverage license applications, businesses and operations must satisfy the requirements of Chapter 3, Alcoholic Beverages, of the City of Panama City Code of Ordinances which contain the requirements for the sale, possession and consumption of alcoholic beverages, distance separation requirements from schools and churches and hours of sale. I certify that I have read and understand the contents of this application and information provided herein and to my knowledge, this application is complete. I understand that an incomplete application will result in a delay in processing.

| Certification of Ownership | |
|--|-----------------------------------|
| Property Owner Name (Print): _____ | Property Owner's Signature: _____ |
| STATE OF _____ COUNTY OF _____ | Sworn to and |
| subscribed me | |
| this _____ day of _____, 20____, By _____, | |
| the applicant is personally known to | |
| me or has produced _____ as identification. Notary Public: | |
| My Commission Expires: _____ | NOTARY STAMP: |

Authorization of Applicant/Agent/Representative (Alcohol Beverage)

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By printing my name and signature below I hereby certify that I am the authorized agent and primary contact during the beverage license review process and the requested action(s) herein and hereby petitions the City of Panama City to review the beverage license application described herein to ensure consistency with all applicable local ordinances on behalf of the owner. I hereby certify that the information provided in this application is true and correct and understand that deliberate misrepresentation of such information will be grounds for denial and reversal of this application and/or revocation of any approval based on this application.

I understand that City staff may enter upon the property for the purpose of site inspection and the placement of a public notice sign (if necessary) for this application. I understand that all beverage license applications, businesses and operations must satisfy the requirements of Chapter 3, Alcoholic Beverages, of the City of Panama City Code of Ordinances which contain the requirements for the sale, possession and consumption of alcoholic beverages, distance separation requirements from schools and churches and hours of sale. I certify that I have read and understand the contents of this application and information provided herein and to my knowledge, this application is complete. I understand that an incomplete application will result in a delay in processing.

Owner Authorization of Applicant, Agent or Representative

*If the applicant is not the property owner and the owner is allowing the applicant to act on their behalf, a notarized signature of the owner is required.

Property Owner Name (Print): _____

Property Owner's Signature: _____

STATE OF _____ COUNTY OF _____ Sworn to and subscribed me

this _____ day of _____, 20____, By _____, the

applicant is personally known to me or has produced _____ as identification.

Notary Public: _____

My Commission Expires: _____ NOTARY STAMP: _____

Authorized Applicant, Agent or Representative

Applicant/Authorized Agent Name (Print): _____

Applicant's Signature: _____

STATE OF _____ COUNTY OF _____ Sworn to and subscribed me

this _____ day of _____, 20____, By _____, the

applicant is personally known to me or has produced _____ as identification.

Notary Public: _____

My Commission Expires: _____ NOTARY STAMP: _____