



Alcohol License Review

City of Boca Raton

**Petition for Alcoholic
Beverage License**

Name of Business: _____

Business Address: _____

Property Tax Folio Number: _____

Business Owner's Name: _____ Phone: _____ Fax: _____

Business Owner's Mailing Address: _____

Contact Name _____ Phone _____ Fax _____

CHAPTER. 4 Alcoholic Beverages

Required Minimum Documentation Check List

- Architectural Floor Plan that includes:**
 - Total Square Ft. of customer service area (inside and outside)
 - Number of seats

- COP City Affidavit**

- | |
|--|
| Alcohol License Processing Fee - \$205.00 |
|--|

_____ Date _____
(Signature of Business Owner or Agent)

(Print Name)

Office Use Only

Received by: _____ Date: _____

HTE # _____

Approved by: _____