



**Development and Growth Management  
Development Coordination Division**

**ADMINISTRATIVE EXTENSION OF TIME FOR PROPERTIES POSTED BY THE CITY OF TAMPA  
FOR SUSPENSION OF ALCOHOLIC BEVERAGE SALES**

**Statement of Request for Administrative Extension pursuant to Section 27-318:**

I, (Applicant Name) \_\_\_\_\_,  
do hereby state the intent not abandon the sale/service of alcoholic beverages and request an extension for the  
property address \_\_\_\_\_

And I am the (Check all that apply):

- property owner
- alcoholic beverage license holder
- designated agent (must include owner authorization in notarized statement below)

And have provided evidence supporting the following checked reason(s):

- Potential ownership change of real property or business. Documentation: a copy of the listing or the current sales contract that clearly states the proposed date of the closing or tentative transaction date for the sale.
- Repair, renovation, expansion, or new construction. Documentation: a copy of the contract for such repair, renovation, expansion or new construction and permit number(s) and any other documentation indicating ongoing good faith efforts to complete construction.
- Reasons other than those identified above. Documentation: any supporting evidence of need for extension.

And I understand that, upon the expiration of the one hundred twenty (120) day discontinuance of sales, the wet zoned parcel shall automatically revert to a dry status UNLESS the property owner or the holder of the alcoholic beverage license, prior to the expiration of the one hundred twenty (120) day period, files a proper completed one hundred eighty (180) day extension petition with development coordination OR files a resumption of sales.

And by signing below acknowledge that I have read and understand the requirements and have provided the proper and complete information required by this statement:

STATE of FLORIDA COUNTY of _____  Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this _____ day of _____, 202_, by  _____ / _____ Printed Name ( <b>Owner</b> )      Signature  ----- Signature and Stamp of Notary Public  Personally known or produced identification: Select  Type of identification	STATE of FLORIDA COUNTY of _____  Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this _____ day of _____, 202_, by  _____ / _____ Printed Name ( <b>Agent</b> )      Signature  ----- Signature and Stamp of Notary Public  Personally known or produced identification: Select  Type of identification
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To be completed by Development Coordination staff: The one hundred twenty (120) day administrative extension is hereby granted and will expire on date \_\_\_\_\_.

**PLEASE NOTE: Only one (1) one hundred twenty (120) day administrative extension may be granted by the land development coordination division in any twelve (12) month period.**