



**Town of Loxahatchee Groves**  
**Community Standards Department**  
3155 F Road, Loxahatchee Groves FL 33470  
Planneroncall@loxahatcheegrovesfl.gov  
(561) 807-6670

## Alcoholic Beverage Zoning Application

**Applicant Name & Company:** \_\_\_\_\_

Best Contact Info: Phone \_\_\_\_\_ Email \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Name (List Business Name): \_\_\_\_\_

---

The following must be submitted by email to [planneroncall@loxahatcheegrovesfl.gov](mailto:planneroncall@loxahatcheegrovesfl.gov)  
or  
mailing or dropping off at Town Hall - 155 F Road, Loxahatchee Groves, Florida

1. Completed application
2. State Alcoholic Beverage Application
3. Survey, if applicable

**Type of Alcoholic Beverage Zoning you are requesting:**

<input type="checkbox"/> Beer and/or wine for off-premises consumption	<input type="checkbox"/> Bar
<input type="checkbox"/> Beer and/or wine for on-premises consumption	<input type="checkbox"/> Cigar Bar
<input type="checkbox"/> Bona fide restaurant	<input type="checkbox"/> Package Sales - off premises consumption
<input type="checkbox"/> Temporary - Date(s) _____	<input type="checkbox"/> Bottle Club

State Alcohol Beverage License Type:

---

For assistance, please visit the Planning & Zoning Division webpage: [h](#) call, or stop by during office hours: Mon - Fri 8:30 am – 4:30 pm

## Items needed for submission for Alcoholic Beverage sign-off

- **Project name (put business name if not tied to a project or if Temp Event put name of event and date(s))**
- **Business Name**
- **Check category for requested alcoholic beverage sign off (see references below)**
- **A current survey\* prepared by a licensed registered surveyor which shows the legal description of the property specifically describing that portion of the property to be utilized for the sale of alcoholic beverages and certifying to the city that there are no established churches, public or private schools, public recreation areas or day care centers within the applicable distances\*\* (unless as noted below)**
- **If temporary event, insert date(s) in the comments section**
- **State License Type**
- **Documents Required to upload:**
  - **State Alcoholic Beverage Application – filled out**
  - **Survey\* if applicable**
  - **Any other documents that you may want to provide to support application**

**\*Survey Required for:**

*Beer and/or wine for on-premises consumption (unless in Downtown or Midtown District – see instructions)*

*Restaurants (unless in Downtown or Midtown)*

*Liquor Stores*

*Clubs*

*Special cabarets or adult theaters*

*Cigar*

*Bars*

**\*\* Measurement of distances.**

For purposes of this article, the distance requirements set forth shall be measured by following the shortest route of ordinary pedestrian travel along a public thoroughfare from the front entrance of a business establishment to be zoned for alcohol sales to the nearest point on the building for churches, schools and day care centers and the nearest public access for public recreation areas.

