



GROWTH MANAGEMENT DEPARTMENT
DEVELOPMENT SERVICES
201 SE 3rd Street, Second Floor, Ocala, FL 34471
Phone: (352) 629-8404 Fax: (352) 629-8242 Email:
building@ocalafl.org Website: www.ocalafl.org

**ALCOHOLIC BEVERAGE LOCATION PERMIT APPLICATION
SPECIAL EVENT
Profit - (\$200)
Nonprofit - (\$50) [Need 501-3C #]**

1. Name of Applicant(s): **Fine Arts for Ocala, FAFO, Inc.**
(Must be identical to applicant name provided on the State of Florida Alcohol Beverage License application made by the applicant pursuant to Florida Statute, §561.17. Any variation will automatically void any issued location permit.)

Address of Applicant(s): 120 SW 5th Street
City Ocala State FL Zip Code 34471 Phone # 352-867-0355
Fax # N/A Email address FafoOcala@gmail.com

2. Form of Applicant Business: (Check one)

- Florida corporation
- Foreign corporation
- Partnership
- LLC
- Sole Proprietorship
- Other: Non-Profit
- (Specify type and State of organization)

3. Partners: (Names of all partners in partnership and percentage financial interest of each Partner) [Attach additional pages if necessary]

4. Corporate Officers: (Names of all corporate officers and shareholders and percentage financial interest of each shareholder of the outstanding corporate stock if a Florida or Foreign Corporation or LLC) {Shareholder information not required for publicly traded corporations} [Attach additional pages if necessary]

Billye Mallory, President

Emily Andrews Vice President

David Hooper, Treasurer

Charlita Whitehead, Secretary

Teddy Sykes, Art Festival Chair

Ryan Neumann, Art Festival Chair

Ocala Arts Festival

5. Name of Event: _____

6. a. Address of Event: **Downtown square and surrounding streets**

City **Ocala** State **FL** Zip Code **34471**

b. Parcel account number(s) [from tax roll]: _____

c. Section _____ Township _____ Range _____ Size of Property _____

d. Legal Description: (Please attach)

NOTE: It shall be the applicant's responsibility to provide the correct legal description for the subject property. The application will not be processed until a correct legal description is provided.

7. Business mailing address: **PO Box 6229**

City **Ocala** State **FL** Zip Code **34478** Phone # **3528670355**

Fax # **N/A** Email address **fafococala@gmail.com**

8. Dates of Event: **October 26th- 27th, 2024**

9. Hours of Event: 10am-8pm

10. Permit use description:

on premises consumption/bar
 on premises consumption/restaurant
 on premises consumption/outside enclosed building
 off premises consumption
 on and off premises consumption

11. State License Type (specify): 2-Day (FAFO is requesting permission to use open-container ordinance)

12. Property Owner: _____

Property owner's address: _____

City _____ State _____ Zip Code _____ Phone # _____

Fax # _____ Email address _____

13. The following items are required to complete this application, prior to advertisement (required for a public hearing in order to issue a location permit for profit special events):

a. If applicant is not the property owner, attach written consent from owner for the event; also, if owner's name does not appear on the Marion County tax rolls, please attach a copy of the deed showing owner's title.

b. Applicant of the Special Event signature notarized; also signature of agent, if applicable.

c. The appropriate fee in cash, Visa, MasterCard or check (Payable to the City of Ocala).

d. Must provide to the Growth Management Department a copy of the vendor's state issued Alcoholic beverage license 1, 2, 3 day event within a period of 15 days of alcohol permit approval or the alcohol permit will be automatically voided and of no legal effect.

e. A sketch or a drawing will need to be submitted that reflects the:

- Ingress/Egress to the building
- The number of parking spaces
- The building square foot
- The location of each table, tent or fenced area

f. Additional information required:

- How many stools/seats will be provided for the special event? N/A _____
- What is the square footage of the area of event? See attached map _____
- How many employees will you have for the event? _____
- How many parking spaces are there? _____

ATTENDANCE at the public hearing by the applicant or agent (as designated in writing) IS MANDATORY

I, Billye Mallory, being first duly sworn, affirm and say that I understand that my request will not be considered unless all the information required by this application is submitted. I further certify that all statements made in this application are true to the best of my knowledge and that any incorrect information will void the location permit, if issued.

cd. 

Applicant, Business or Agent's Signature

Ashley Morgan

Printed Name

State of **Florida**

County of Marion

120 SW 5th Street

Address (Street)

Ocala, FL 34471

City, State, Zip Code

The foregoing instrument was acknowledged before me this ____, day of _____, 20____,
Ashley Morgan

by _____, who is personally known to me or has produced _____ as identification and who did / did not take an oath.

NOTARY PUBLIC

Commission No.:

Commission Expires:

INFORMATION REGARDING ALCOHOLIC BEVERAGE LOCATION PERMITS

When applying for a permit an applicant may seek more than one type of location permit for the same location, as described in the application form.

A location permit granted by the City maybe granted to an individual, group of individuals or any legal entity recognized by the State of Florida, but any such permit granted shall not be transferable to another party or to a location other than that described in the original application.

It is unlawful for anyone to sell alcoholic beverages within five (500) hundred feet of a church, school, or daycare facility.

Applicants requesting on-premise consumption outside an enclosed building shall submit an application for a public hearing. A site plan must be submitted with the application and shall be reviewed by the building, planning and fire departments. The notice for the public hearing shall conform to the requirements as indicated in Section 3-25, paragraph (c). At the public hearing, the city council shall consider this request as a separate issue and shall be guided by the criteria listed below:

- (1) The size and location of the portion of property to be used for outside consumption;
- (2) Ingress/egress to the outside area;
- (3) The proximity of the outside area to schools, churches, public recreation areas, public buildings, and areas of public assembly, taking into consideration noise and light intrusion;
- (4) The proximity of the outside area to established residential areas, taking into consideration noise and light intrusion;
- (5) The proximity of the establishment to other establishments operating outside consumption;
- (6) Hours of operation; and
- (7) Screening and buffering.

Excessive or disturbing noise is a violation of Section 34-171 of the City's Code of Ordinances. The Ocala Police Department may terminate any event which is considered to be in violation of this code. A fine of \$180 may be imposed for contravention of the noise regulation.

Signature

