

**DBPR ABT-6003 – Division Of Alcoholic Beverages and Tobacco Application for
One/Two/Three Day Permits or Special Sales License**

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**DBPR Form
ABT- 6003
Revised 09/2010**

NOTE – This form must be submitted as part of an application packet


If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation or your local district office. Please submit your completed application to your local district office at least (7) days prior to the first date of the event to insure the permit is issued by the event date. This application may be submitted by mail, or it can be dropped off. A District Office Address and Contact Information Sheet can be found on AB&T's page of the DBPR web site at the link provided below.


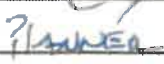
<http://www.state.fl.us/dbpr/abt/contact/index.shtml>

SECTION 1 – CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input checked="" type="checkbox"/> One/Two/Three Day Permit	<input type="checkbox"/> Special Sales License

SECTION 2 – LICENSE INFORMATION			
Full Name of Applicant Organization (This is the name the license/permit will be issued in) WEST PASCO SERTOMA CLUB INC.			
Department of State Division of Corporations Document #		FEIN Number 51-0252228	
Business Name (D/B/A) or Name of Event WEST PASCO SERTOMA BEEF BBQ			
Location of Event (Street and Number) 6341 BANK STREET (Sim's Park)			
City New Port Richey	County Pasco County	State FL	Zip Code 34652
Mailing Address (Street or P.O. Box) P.O. Box 1302			
City New Port Richey,		State FL	Zip Code 34652
Contact Person Debra Golinski		Telephone Number 727-808-2812 ext.	
Email Address debra@familyhearinghelp.org			
Date(s) Permit Desired March 18 2024	March 19 2024	March 20 2024	

ABT District Office Received / Date Stamp
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SECTION 3 – SALES TAX TO BE COMPLETED BY THE DEPARTMENT OF REVENUE	
Full Name of Applicant Organization WEST PASCO SERTOMA CLUB, INC.	
The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax and has agreed to pay any applicable taxes due.	
Signed 	Date 1/25/24
Title Executive Director	
Department of Revenue Stamp:	

SECTION 4 - ZONING TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING THE EVENT LOCATION	
Location of Event (Street and Number) 6341 BANK STREET (Sim's Park)	
City New Port Richey	County Pasco
The location complies with zoning requirements for the temporary sale of alcoholic beverages pursuant to this application for a One/Two/Three Day Permit.	
Signed 	Date 2/16/25
Title 	

Note: College fraternities and sororities must meet certain additional conditions which can be found in the application instructions and requirements.

**SECTION 5 – DESCRIPTION OF PREMISES TO BE LICENSED
AB&T AUTHORIZED SIGNATURE REQUIRED**

Business Name (D/B/A) or Name of Event
WEST PASCO SERTOMA BEEF BBQ

Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show each floor plan.

*Please see the attached
layout of Sim's Park. Beer
Station are marked in yellow!*

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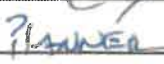
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Email Address debra@familyhearinghelp.org			
Date(s) Permit Desired March 21 2024	March 22 2024	March 23 2024	

ABT District Office Received / Date Stamp
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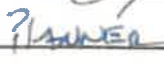
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Email Address debra@familyhearinghelp.org			
Date(s) Permit Desired March 15 2024	March 16 2024	March 17 2024	

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