

34-203(b)(1)(b)

| SECTION 4 – DESCRIPTION OF PREMISES TO BE LICENSED<br>TO BE COMPLETED BY THE APPLICANT                                                                                                                                                                                                                                                                                                                     |                              |                                        |                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business Name (D/B/A) <i>THE PERFECT CUP</i>                                                                                                                                                                                                                                                                                                                                                               |                              |                                        |                                                                                                                                                                                          |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Is the proposed premises movable or able to be moved?                                                                                                                                    |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Is there any access through the premises to any area over which you do not have dominion and control?                                                                                    |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Is the business located within a Specialty Center? If yes, check the applicable statute:<br><input type="checkbox"/> 561.20(2)(b)1, F.S. or <input type="checkbox"/> 561.20(2)(b)2, F.S. |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Are there any mobile vehicles used to sell or serve alcoholic beverages?                                                                                                                 |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Are there more than 3 separate rooms or enclosures with permanent bars or counters?                                                                                                      |
| 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 the details of each floor. |                              |                                        |                                                                                                                                                                                          |
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**EXHIBIT D**