

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS
ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application _____

Renewal Application ☒

1. CORPORATE NAME: Amaya's Contenario LLC PHONE: 561 563 3873
2. NAME OF BUSINESS ORGANIZATION: Contenario
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 199 S. State Road 7 Margate FL 33060
No. and Street City State Zip
4. APPLICANT'S NAME: Roger L Amaya PHONE: 305 200 9490
HOME ADDRESS: [REDACTED]
City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 2COP
8. DATE: 7/11/19 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV1620858

RECEIVED

JUL 12 2019

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

_____ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:

☒ Recommend Approval

☐ Recommend Review by City Commission

☐ Recommend Rejection

Comments: Reviewed

Authority: Chief J. Shaw

Date: 08/15/19

OL100I01

CITY OF MARGATE
Business Master Inquiry

7/12/19
09:18:59

Business: 7577 AMAYA'S CENTENARIO NIGHT CLUB, LLC

Business address

199 S STATE ROAD 7

MARGATE

FL 330685722

Mailing address

Location ID . . . : 226598
Date opened . . . : 1/31/17
Federal tax ID . . : 813069516
Business phone . . : 561 563-3873
Status/date . . . : A 2/01/17
Email address . . :

Owner Information

Contractor flag . . :
Type of ownership . . : C
Secondary phone/type:
Type of business . . :
Email renewals . . :

Total amount due . . : .00
Phone : 305 200-9490

MIAMI FL 33142

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=Cancel

F9=Display licenses
F24=More keys

----- STATEMENT -----

CENTENARIO NIGHT
199 S SR 7
MARGATE FL 33068

DATE: 7/17/19
ACCOUNT#: 7868

ALARM LOCATION:
199 S SR 7
MARGATE FL 33068

DATE	CASE#	DESCRIPTION	AMOUNT
------	-------	-------------	--------

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

BALANCE DUE: .00

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

MAKE ALL CHECKS PAYABLE TO:
CITY OF MARGATE POLICE DEPARTMENT
5790 MARGATE BLVD, MARGATE, FL 33063

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS
ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application _____

Renewal Application ☒

1. CORPORATE NAME: James Carl Frederick American Legion PHONE: 954-971-0882
POST 157 LLC
2. NAME OF BUSINESS ORGANIZATION: American Legion Post 157
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1791 Mears Pkwy, Margate, FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: Jerry Soria - Commander PHONE: 954-971-1225
HOME ADDRESS: [REDACTED] State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership ☒ *Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 11C
8. DATE: 7-7-19 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV 1603508

RECEIVED

JUL 12 2019

CK # 1708 INITIALS 11

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: Susan Butler TITLE: Finance officer

HOME ADDRESS: [REDACTED] PHONE: 954-684-7499

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: Don Schwiesow TITLE: First Vice Commander

HOME ADDRESS: [REDACTED] PHONE: 954-591-6070

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

____ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: _____

Authority: _____

Jonathan Shaw
Jonathan Shaw, Chief of Police

Date: July 17, 2019

OL100T01

CITY OF MARGATE
Business Master Inquiry

7/12/19
12:22:49

Business: 4410 JAMES CARL FREDERICK POST 157

Business address

1791 MEARS PKWY
MARGATE

FL 330633748

Mailing address

THE AMERICAN LEGION
1791 MEARS PKWY
MARGATE

FL 330633748

Location ID . . . : 225588
Date opened . . . : 12/05/90
Federal tax ID . . : 592188256
Business phone . . : 954 971-0882
Status/date . . . : A 7/13/07

Email address . . : perretty@bellsouth.net

Owner Information

Contractor flag . . :
Type of ownership . :
Secondary phone/type:
Type of business . . :
Email renewals . . . :

Total amount due . . : .00
Phone :

MARGATE FL 33063

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=Cancel

F9=Display licenses
F24=More keys

----- STATEMENT -----

AMERICAN LEGION POST #157
P O BOX 4083
MARGATE FL 33063

DATE: 7/17/19
ACCOUNT#: 1932

ALARM LOCATION:
1791 NW 54TH AV
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
=====			

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

BALANCE DUE: .00

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

MAKE ALL CHECKS PAYABLE TO:
CITY OF MARGATE POLICE DEPARTMENT
5790 MARGATE BLVD, MARGATE, FL 33063

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS
ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application _____

Renewal Application ☒

1. CORPORATE NAME: Leiserv, LLC PHONE: 804-417-1957

2. NAME OF BUSINESS ORGANIZATION: AMF Margate Lanes
(Name which the business operates under/fictitious name/DBA)

3. ADDRESS: 2020 N. State Road 7 Margate FL 33063
No. and Street City State Zip

4. APPLICANT'S NAME: Leiserv, LLC PHONE: 804-417-1957

mailing HOME ADDRESS: [REDACTED]
City State Zip

5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation () *Limited Liability Corporation (LLC) (X) *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.

7. TYPE OF LIQUOR LICENSE: Retailer, consumption on premises only

8. DATE: 6/12/19 APPLICANT'S SIGNATURE: [Signature]

9. RETURN APPLICATION WITH \$150 FILING FEE TO:

City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063

10. STATE BEVERAGE LICENSE NUMBER BEV 1600131

RECEIVED

JUL - 2 2019

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: Thomas F. Shannon TITLE: CEO/President

HOME ADDRESS: [REDACTED] PHONE: 212-777-2214
301

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: Brett I. Parker TITLE: VP/CFO

HOME ADDRESS: [REDACTED] PHONE: 212-777-2214

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

_____ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: _____

Authority: _____

Jonathan Shaw
Jonathan Shaw, Chief of Police

Date: July 17, 2019

OL100I01

CITY OF MARGATE
Business Master Inquiry

7/02/19
11:51:22

Business: 617 BRUNSWICK MARGATE LANES

Business address

2020 N STATE ROAD 7

MARGATE

FL 330635712

Location ID . . . : 225706

Date opened . . . : 6/02/88

Federal tax ID . . : 363402782

Business phone . . : 954 972-4400

Status/date . . . : A 9/28/01

Email address . . : DMoss@Bowlmor-AMF.com

Owner Information

LEISERV LLC

7313 BELL CREEK RD

Mailing address

7313 BELL CREEK RD

ATTN: TAX & LICENSING

MECHANICSVILLE

VA 23111

Contractor flag . . . :

Type of ownership . . : C

Secondary phone/type: 804 417-1957 EM

Type of business . . :

Email renewals . . . :

Total amount due . . : .00

Phone : 804 417-2026

MECHANICSVILLE VA 23111

Email address . : tleadbetter@amf.com

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=Cancel

F9=Display licenses
F24=More keys

----- STATEMENT -----

BRUNSWICK MARGATE LANES
2020 N SR 7
LEISERV INC.
MARGATE FL 33063

DATE: 7/17/19
ACCOUNT#: 2357

ALARM LOCATION:
2020 N SR 7
LEISERV INC.
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
10/20/2012	12006747	FAILED/FALSE POLICE ALARM	25.00
11/21/2013		ADJUSTMENT	25.00-

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

BALANCE DUE: .00

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

MAKE ALL CHECKS PAYABLE TO:
CITY OF MARGATE POLICE DEPARTMENT
5790 MARGATE BLVD, MARGATE, FL 33063

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application _____ Renewal Application ☒

1. CORPORATE NAME: Doherty Apple South Florida LLC PHONE: 954-969-0866
2. NAME OF BUSINESS ORGANIZATION: Applebee's Neighborhood Grill & Bar
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5377 W. Atlantic Blvd. Margate FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: Jerry Marcopoulos PHONE: 201-818-4669
HOME ADDRESS: [REDACTED] Park Ridge NJ 07656
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation () *Limited Liability Corporation (LLC) ☒ *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4COP SRX
8. DATE: 06/22/19 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV1617953

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: Doherty Apple Florida LLC TITLE: 100% Member

HOME ADDRESS: [REDACTED] PHONE: 201-818-4669

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: Jerry Marcopoulos TITLE: Manager

HOME ADDRESS: [REDACTED] PHONE: 201-818-4669

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: Timothy Doherty TITLE: Manager

HOME ADDRESS: [REDACTED] PHONE: 201-818-4669

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

N/A If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

N/A

OFFICE USE ONLY

DISTRICT _____

POLICE DEPARTMENT REVIEW:

☒

Recommend Approval

☐

Recommend Review by City Commission

☐

Recommend Rejection

Comments: _____

Authority: Jonathan Shaw
Jonathan Shaw, Chief of Police

Date: July 11, 2019

OL100I01

CITY OF MARGATE
Business Master Inquiry

6/20/19
11:30:43

Business: 7205 APPLEBEE'S NEIGHBORHOOD GRILL & BAR

Business address

5377 W ATLANTIC BLVD
MARGATE FL 33063

Mailing address

DOHERTY APPLE SOUTH FL LLC

Location ID . . . : 235028
Date opened . . . : 9/28/15
Federal tax ID . . : 474573607
Business phone . . : 954 969-0866
Status/date . . . : A 9/29/15

Email address . . : cminio@skenelawfirm.com

Owner Information

Contractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . . :
Email renewals . . . :

Total amount due . . : .00
Phone : 201 818-4669

Email address . . : cminio@skenelawfirm.com

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=Cancel

F9=Display licenses
F24=More keys

----- STATEMENT -----

APPLEBEE'S NEIGHBORHOOD GRILL
JERRY MARCOPOULOS. MGR


DATE: 6/27/19
ACCOUNT#: 8061

ALARM LOCATION:
5377 W ATLANTIC BLV
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
=====			

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE. BALANCE DUE: .00
PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

MAKE ALL CHECKS PAYABLE TO:
CITY OF MARGATE POLICE DEPARTMENT
5790 MARGATE BLVD, MARGATE, FL 33063

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS
ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application _____ Renewal Application _____

1. CORPORATE NAME: GPG Investments LLC PHONE: 754 307 5776
2. NAME OF BUSINESS ORGANIZATION: Bohio Latin Flavors
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 2179-2181 SE 7 Margate FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: DIANA GONZALEZ PHONE: 908 5878774
HOME ADDRESS: [REDACTED]
City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship (☒ *Partnership () * Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: _____
8. DATE: JUL 7/19 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV 1621182

RECEIVED

JUL 1 2019

CK # 1689 INITIALS IV

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

_____ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: _____

Authority: _____

Jonathan Shaw, Chief of Police

Date: July 17, 2019

OL100I01

CITY OF MARGATE
Business Master Inquiry

7/11/19
09:29:30

Business: 7936 BOHIO LATIN FLAVORS

Business address

2179 N STATE ROAD 7
MARGATE FL 330635713

Location ID . . . : 225964
Date opened . . . : 5/24/18
Federal tax ID . . : 82529823
Business phone . . : 754 307-5776
Status/date . . . : A 5/24/18
Email address . . . :

Owner Information

Mailing address

GPG INVESTMENTS, LLC
2179 N STATE ROAD 7
MARGATE FL 330635713

Contractor flag . . . :
Type of ownership . . : C
Secondary phone/type:
Type of business . . . :
Email renewals . . . :
Total amount due . . : .00
Phone : 908 587-8774

CORAL SPRINGS FL 33065

Email address . : GPGINVESTMENT@GMAIL.COM

Press Enter to continue.

F3=Exit F5=Display officers F7=Miscellaneous information F9=Display licenses
F12=Cancel F24=More keys

----- STATEMENT -----

EL BOHIO DE MAMA RESTAURANT
SALVATORE TRAFICANTE
1370 WASHINGTON AVE #312
MIAMI BEACH FL 33139

DATE: 7/17/19
ACCOUNT#: 8735

ALARM LOCATION:
2179 N SR 7
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
=====			

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

BALANCE DUE: .00

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

MAKE ALL CHECKS PAYABLE TO:
CITY OF MARGATE POLICE DEPARTMENT
5790 MARGATE BLVD, MARGATE, FL 33063

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS
ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application ☐

Renewal Application ☒

1. CORPORATE NAME: TCS Corp PHONE: 954-973-1390
2. NAME OF BUSINESS ORGANIZATION: Beady's Irish Pub
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 986 South State Road 7 Margate FL 33068
No. and Street City State Zip
4. APPLICANT'S NAME: Thomas Road PHONE: 954-687-8338
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () * Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: LCBP
8. DATE: 5/22/19 APPLICANT'S SIGNATURE: Thomas Road
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER Bev 1607932

RECEIVED

MAY 28 2019

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: Thomas Read TITLE: Pres, VP, Sec, Treas

HOME ADDRESS: [REDACTED] PHONE: 954-687-8338

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

_____ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:

☒

Recommend Approval

☐

Recommend Review by City Commission

☐

Recommend Rejection

Comments: Reviewed

Authority: Chief J. [Signature]

Date: 06/01/19

OL100J01

CITY OF MARGATE
Business Master Inquiry

6/04/19
09:36:34

Business: 2658 BRADY'S IRISH PUB

Business address

986 S STATE ROAD 7
MARGATE FL 330682808

Mailing address

986 S STATE ROAD 7
MARGATE FL 330682808

Location ID . . . : 226890
Date opened . . . : 9/10/03
Federal tax ID . . : 650285816
Business phone . . : 954 973-1390
Status/date . . . : A 9/16/03
Email address . . : none

Owner Information

READ, THOMAS
7306 NW 81ST ST

Contractor flag . . :
Type of ownership . :
Secondary phone/type: 954 721-3426 EM
Type of business . . :
Email renewals . . . :

Total amount due . . : .00
Phone : 954 721-3426

TAMARAC FL 33321

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=Cancel

F9=Display licenses
F24=More keys

----- STATEMENT -----

DATE: 6/03/19
ACCOUNT#: 2118

BRADYS IRISH PUB
986 S SR 7
MARGATE FL 33063

ALARM LOCATION:
986 S SR 7
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
=====			

BALANCE DUE: .00

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

MAKE ALL CHECKS PAYABLE TO:
CITY OF MARGATE POLICE DEPARTMENT
5790 MARGATE BLVD, MARGATE, FL 33063

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS
ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application _____

Renewal Application ☒

1. CORPORATE NAME: J+D Golf Properties LLC PHONE: 954-753-3500
2. NAME OF BUSINESS ORGANIZATION: Carolina Club/McDivot's Restaurant
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 3011 N. Rock Island Rd. Margate, FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: Celestino Avila PHONE: 954-753-3500
- HOME ADDRESS: [REDACTED]
City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation () *Limited Liability Corporation (LLC) (☒)* If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: LCOP SFS
8. DATE: 6.26.19 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER Per 1607460

RECEIVED

JUL 1 2019

15118
CK # _____ INITIALS IV

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

_____ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection


Comments: _____

Authority: _____

Jonathan Shaw, Chief of Police

Date: July 17, 2019

Business: 2280 CAROLINA CLUB

Business address3011 N ROCK ISLAND RD
MARGATE FL 33063Mailing addressLocation ID . . . : 232222
Date opened . . . : 11/27/02
Federal tax ID . . : 753083609
Business phone . . : 954 753-3500
Status/date . . . : A 11/27/02
Email address . . . :
Owner Information
Contractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . . :
Email renewals . . . :

Total amount due . . : .00
Phone : 954 255-0808

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=CancelF9=Display licenses
F24=More keys

----- STATEMENT -----

DATE: 7/17/19
ACCOUNT#: 4220

CAROLINA CLUB
3011 ROCK ISLAND RD
CLUB HOUSE
MARGATE FL 33063

ALARM LOCATION:
3011 ROCK ISLAND RD
CLUB HOUSE
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
------	-------	-------------	--------

BALANCE DUE: .00

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

MAKE ALL CHECKS PAYABLE TO:
CITY OF MARGATE POLICE DEPARTMENT
5790 MARGATE BLVD, MARGATE, FL 33063

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application _____

Renewal Application ☒

1. CORPORATE NAME: El Balcon de Las Americas, Inc. PHONE: 954-346-4590
2. NAME OF BUSINESS ORGANIZATION: El Balcon de Las Americas
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 7932 W. Sample Road Margate FL 33065
No. and Street City State Zip
4. APPLICANT'S NAME: Alvaro Tobar (50%) PHONE: 561-302-2643
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation (X) *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 2COP
8. DATE: 5/20/19 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV 166170

RECEIVED

MAY 20 2019

6273
CK # _____ INITIALS IV

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: Debbie Tobac (50%) TITLE: V.P.

HOME ADDRESS: [REDACTED] PHONE: 561 302-1971

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

_____ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: Reviewed.

Authority: Chief Jim Shaw

Date: 06/07/19

Business: 861 EL BALCON DE LAS AMERICAS INC

Business address

7932 W SAMPLE RD #1

MARGATE

FL 330654712

Mailing address

7932 W SAMPLE RD

MARGATE

FL 330654712

Location ID . . . : 228612

Date opened . . . : 6/05/01

Federal tax ID . . : 650998007

Business phone . . : 954 346-4590

Status/date . . . : A 10/09/01

Email address . . : kasper66@comcast.net

Owner Information

Contractor flag . . :

Type of ownership . . : C

Secondary phone/type: 561 483-3561 EM

Type of business . . :

Email renewals . . . :

Total amount due . . : .00

Phone : 561 302-2643

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information

F12=Cancel

F9=Display licenses

F24=More keys

----- STATEMENT -----

DATE: 5/28/19
ACCOUNT#: 9932

EL BALCON DE LAS AMERICAS
7932 W SAMPLE RD
MARGATE FL 33063

ALARM LOCATION:
7932 W SAMPLE RD
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
=====			

BALANCE DUE: .00

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

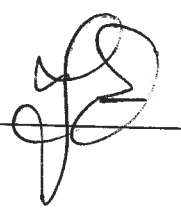
MAKE ALL CHECKS PAYABLE TO:
CITY OF MARGATE POLICE DEPARTMENT
5790 MARGATE BLVD, MARGATE, FL 33063

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS
ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application _____

Renewal Application ☒

1. CORPORATE NAME: MAG-IV INC. PHONE: 954-972-6266
2. NAME OF BUSINESS ORGANIZATION: GERRI'S SPORT PUB.
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 6500 W. ATLANTIC BLVD MARGATE FL. 33063
No. and Street City State Zip
4. APPLICANT'S NAME: JERZY OLES PHONE: 201-403-07-01
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation (☒)*Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: BEV 1600494 LCOP
8. DATE: 5-13-19 APPLICANT'S SIGNATURE: JERZY OLES 
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV 1600494

RECEIVED

MAY 17 2019

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: JERZY OLES TITLE: PRESIDENT

HOME ADDRESS: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

_____ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

NO

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:

X

Recommend Approval

Recommend Review by City Commission

Recommend Rejection

Comments: Reviewed.

Authority: Chief J. Shaw

Date: 06/07/19

Business: 2976 GERRI'S SPORTS PUB

Business address

6500 W ATLANTIC BLVD

MARGATE

FL 330635135

Location ID . . . : 228930
Date opened . . . : 5/24/04
Federal tax ID . . : 050599776
Business phone . . : 954 972-6266
Status/date . . . : A 5/24/04
Email address . . : 1955oles@comcast.net

Owner InformationMailing address

MAGIN, INC.

6500 W ATLANTIC BLVD

MARGATE

FL 330635135

Contractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . . :
Email renewals . . :
Total amount due . . : .00
Phone : 201 403-0701

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=CancelF9=Display licenses
F24=More keys

----- STATEMENT -----

DATE: 5/28/19
ACCOUNT#: 3704

GERRI'S SPORTS PUB
6500 W ATLANTIC BLV
MARGATE FL 33063

ALARM LOCATION:
6500 W ATLANTIC BLV
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
=====			

BALANCE DUE: .00

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

MAKE ALL CHECKS PAYABLE TO:
CITY OF MARGATE POLICE DEPARTMENT
5790 MARGATE BLVD, MARGATE, FL 33063

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS
ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application ☒ Renewal Application ☐

1. CORPORATE NAME: Gobchoice Production Inc PHONE: (954) 954-9544
2. NAME OF BUSINESS ORGANIZATION: Gobchoice Ballroom
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 345-343-347 S. STATE RD 7 Margate FL 33068
No. and Street City State Zip
4. APPLICANT'S NAME: Willy JEAN-JACQUES PHONE: (754) 224-0890
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 2-COP
8. DATE: 7/15/19 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV 1618372

RECEIVED

JUL 15 2019

CK # 2 INITIALS JN

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: Willy JEAN-Jacques TITLE: President

HOME ADDRESS: [REDACTED] PHONE: 784-2240890

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

_____ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:

- ☒ Recommend Approval
☐ Recommend Review by City Commission
☐ Recommend Rejection

Comments: Reviewed

Authority: Chief J. Shaw

Date: 08/01/19

Business: 3965 GOLDCHOICE BALLROOM

Business address345 S STATE ROAD 7
MARGATE FL 330685704Location ID . . . : 230988
Date opened . . . : 8/18/06
Federal tax ID . . : 010816324
Business phone . . : 954 984-9544
Status/date . . . : A 8/18/06
Email address . . : willy.goldchoice@yahoo.comOwner InformationMailing addressGOLD CHOICE PRODUCTION, INC.
343-345-347 S STATE ROAD 7
MARGATE FL 330685704Contractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . . :
Email renewals . . :
Total amount due . . : .00
Phone : 754 224-0890

CORAL SPRINGS FL 33065

Email address . :

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=CancelF9=Display licenses
F24=More keys

----- STATEMENT -----

DATE: 7/17/19
ACCOUNT#: 7142

GOLD CHOICE BALLROOM
345 S SR 7
MARGATE FL 33063

ALARM LOCATION:
345 S SR 7
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
------	-------	-------------	--------

=====

BALANCE DUE: .00

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

MAKE ALL CHECKS PAYABLE TO:
CITY OF MARGATE POLICE DEPARTMENT
5790 MARGATE BLVD, MARGATE, FL 33063

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application _____

Renewal Application ☒

1. CORPORATE NAME: LUNA ENTERTAINMENT GROUP INC. PHONE: 954 876 1469
2. NAME OF BUSINESS ORGANIZATION: GUAPOS COCKTAIL BAR & LOUNGE
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 2160 MEANS PARKWAY MARGATE FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: EVER CONTRERA PHONE: 754 366 5553
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation ☒ *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4 COP QUOTA
8. DATE: 7-12-19 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV. 1600318
EC. BEV 1600318

RECEIVED

JUL 15 2019

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

_____ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: _____

Authority: _____

Jonathan Shaw, Chief of Police

Date: July 17, 2019

Business: 5408 GUAPO'S COCKTAIL BAR & LOUNGE

Business address

2160 MEARS PKWY

MARGATE

FL 33063

Location ID . . . : 231792
Date opened . . . : 3/04/10
Federal tax ID . . : 264798534
Business phone . . : 754 366-5553
Status/date . . . : A 3/08/10
Email address . . : evera/f@aol.com

Owner InformationMailing address

LUNA ENTERTAINMENT GROUP INC.

2160 MEARS PKWY

MARGATE

FL 33063

Contractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . :
Email renewals . . :
Total amount due . : .00
Phone : 754 366-5553

FT LAUDERDALE FL 33312

Email address . :

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=CancelF9=Display licenses
F24=More keys

----- STATEMENT -----

DATE: 7/17/19
ACCOUNT#: 8501

GUAPOS COCKTAIL BAR & LOUNGE
LUNA ENTERTAINMENT GROUP, INC
2631 RIVERLAND DR
FT LAUDERDALE FL 33312

ALARM LOCATION:
2160 NW 19TH ST
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
04/23/2010		SETUP/REINSTAMENT FEE POLICE ALARM	25.00
04/23/2010		PAYMENT CHECK	25.00-

BALANCE DUE: .00

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

MAKE ALL CHECKS PAYABLE TO:
CITY OF MARGATE POLICE DEPARTMENT
5790 MARGATE BLVD, MARGATE, FL 33063

sent to PD 5/20/19

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS
ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application _____

Renewal Application ☒

1. CORPORATE NAME: JASMINE THAI & CHINESE RESTAURANT, INC PHONE: 954 979 5530
2. NAME OF BUSINESS ORGANIZATION: JASMINE THAI & SUSHI RESTAURANT
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1785 N. STATE RD. 7 MARGATE FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: PREECHA HONGNOKKHUN PHONE: 954 854 1899
HOME ADDRESS: _____
5. APPLICANT'S DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation ^S ☒ *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4 COP SFS
8. DATE: 5/24/2019 APPLICANT'S SIGNATURE: P. Hongn
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV 1613519

RECEIVED

MAY 2 2019

CK # 4953 INITIALS IV

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: PREECHA HONGNORKHUN TITLE: Pres.

HOME ADDRESS: [REDACTED] PHONE: 954 854 1899

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: BENJAMIN HONGNORKHUN TITLE: Secretary

HOME ADDRESS: [REDACTED] PHONE: 954 854 6199

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: CHRISTINE P. KELLY TITLE: Vice Presid.

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

____ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: Reviewed

Authority: Chief J. Shan

Date: 05/31/19

Business: 6329 JASMINE THAI & CHINESE REST., INC.

Business address1785 N STATE ROAD 7
MARGATE FL 330635705Mailing address1785 LLC
1785 N STATE ROAD 7
MARGATE FL 330635705Location ID . . . : 226082
Date opened . . . : 1/03/13
Federal tax ID . . : 650073556
Business phone . . : 954 979-5530
Status/date . . . : A 1/03/13
Email address . . : peter@jasminethaisushi.comOwner InformationContractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . . :
Email renewals . . :
Total amount due . . : .00
Phone : 954 854-1899

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=CancelF9=Display licenses
F24=More keys

OL110I01

CITY OF MARGATE
License Master Inquiry

5/28/19
14:46:47

Business control nbr . . : 6329
License number : 19 00007431
Pin number : 5604

Last activity:

Created: 07/24/18 by MMILLER

Business name & address

JASMINE THAI & CHINESE REST.,
1785 N STATE ROAD 7

Mailing address

1785 LLC

1785 N STATE ROAD 7

MARGATE FL 330635705

MARGATE

FL 330635705

Classification : 14504

RESTAURANTS CAPACITY 51-150

Exemption applied :

License status, date . . . : ACTIVE

7/24/18

Appl, issue date : 7/24/18 10/01/18

Expiration, valid thru . . : 9/30/19 9/30/19

Date renewal printed . . . :

Date printed, reprinted . . : 7/24/18

Prior license : 18 00007431

Municipal code reference :

Press Enter to continue.

More...

F3=Exit

F7=Miscellaneous information

F9=Additional requirements

F24=More keys

----- STATEMENT -----

DATE: 5/28/19
ACCOUNT#: 1245

JASMINE THAI/CHINESE REST
1785 N SR 7
MARGATE FL 33063

ALARM LOCATION:
1785 N SR 7
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
11/05/1998	98047573	CITATION FEE POLICE ALARM	100.00
11/05/1998		SETUP/REINSTAMENT FEE POLICE ALARM	25.00
11/10/1998		PAYMENT CHECK	25.00-
11/05/1998	98047573	FEE WAVED POLICE ALARM	100.00-

BALANCE DUE: .00

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

MAKE ALL CHECKS PAYABLE TO:
CITY OF MARGATE POLICE DEPARTMENT
5790 MARGATE BLVD, MARGATE, FL 33063

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS
ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application _____

Renewal Application ☒

1. CORPORATE NAME: Jawil Enterprises, Corp PHONE: 954 366 4212
2. NAME OF BUSINESS ORGANIZATION: Masters Billiards
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 201-203-205 S. State Road 7
Margate, FL 33068 City State Zip
4. APPLICANT'S NAME: Ingrid Salgado PHONE: 561 1099 3222
HOME ADDRESS: [REDACTED]
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () * Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: COP4
8. DATE: 6/19/19 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV1615236

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: Ingrid C. Salgado TITLE: P

HOME ADDRESS: [REDACTED] PHONE: 561 699 3882

DATE OF BIRTH: [REDACTED] must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

_____ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: _____

Authority: Jonathan Shaw

Jonathan Shaw, Chief of Police

Date: July 11, 2019

OL100I01

CITY OF MARGATE
Business Master Inquiry

6/21/19
11:43:48

Business: 5102 MASTERS BILLIARDS

Business address

201 S STATE ROAD 7

MARGATE

FL 330685702

Mailing address

Location ID . . . : 226596

Date opened . . . : 5/04/09

Federal tax ID . . : 264817991

Business phone . . : 954 366-4212

Status/date . . . : A 5/04/09

Email address . . : ica1006@hotmail.com

Owner Information

Contractor flag . . :

Type of ownership . . : C

Secondary phone/type:

Type of business . . :

Email renewals . . . :

Total amount due . . : .00

Phone : 954 247-9447

MARGATE FL 33063

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=Cancel

F9=Display licenses
F24=More keys

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS
ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application _____

Renewal Application ☒

1. CORPORATE NAME: JACKSON OC INC DBA JESSE'S XTREME SPORTS BAR PHONE: 954 917 2855
2. NAME OF BUSINESS ORGANIZATION: J
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5442 W. ATLANTIC BLVD Margate FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: JESSE WALCOTT PHONE: 954 650 4466
HOME ADDRESS: _____
City State Zip
5. APPLICANT'S DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership ☒ *Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4COP
8. DATE: 5/13/19 APPLICANT'S SIGNATURE: _____
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV 160 7359

RECEIVED

MAY 17 2019

(Handwritten mark)

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: JENNIFER Sculetta

TITLE: _____

HOME ADDRESS: _____

PHONE: 954 7290557

DATE OF BIRTH: _____

(This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: JEANNINE Stanford

TITLE: _____

HOME ADDRESS: _____

PHONE: 3437 954 9172855

DATE OF BIRTH: _____

(This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____

TITLE: _____

HOME ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____

(This line must be completed in order to process your request. If left blank, your form will be returned to you.)

____ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: Reviewed.

Authority: Chief J. Shaw

Date: 05/31/19

Business: 4096 JESSE'S XTREME SPORTS BAR

Business address5438 W ATLANTIC BLVD
MARGATE

FL 330635215

Mailing address5438 W ATLANTIC BLVD
MARGATE

FL 33063

Location ID . . . : 228870

Date opened . . . : 10/13/06

Federal tax ID . . : 205008681

Business phone . . : 954 650-4466

Status/date . . . : A 10/31/06

Email address . . : jessesxtreme@bellsouth.net

Owner Information

Contractor flag . . . :

Type of ownership . . : C

Secondary phone/type:

Type of business . . :

Email renewals . . . :

Total amount due . . : .00

Phone : 954 650-4466

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information

F12=Cancel

F9=Display licenses

F24=More keys

Business control nbr . . : 4096
License number : 19 00004740
Pin number : 4731

Business name & address

JESSE'S XTREME SPORTS BAR

5438 W ATLANTIC BLVD

MARGATE

FL 330635215

Classification : 14504

Exemption applied :

License status, date . . : ACTIVE

Appl, issue date : 9/07/18 10/01/18

Expiration, valid thru . : 9/30/19 9/30/19

Last activity:

Created: 09/07/18 by MMILLER

Mailing address

5438 W ATLANTIC BLVD

MARGATE

FL 33063

RESTAURANTS CAPACITY 51-150

9/07/18

Date renewal printed . . :

Date printed, reprinted . : 9/07/18

Prior license : 18 00004740

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys

----- STATEMENT -----

JESSIE'S BAR
5438 W ATLANTIC BLV
MARGATE FL 33063

DATE: 5/28/19
ACCOUNT#: 7423

ALARM LOCATION:
5438 W ATLANTIC BLV
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
------	-------	-------------	--------

=====

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.			BALANCE DUE:	.00
PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.				

MAKE ALL CHECKS PAYABLE TO:
CITY OF MARGATE POLICE DEPARTMENT
5790 MARGATE BLVD, MARGATE, FL 33063

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS
ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application ☐

Renewal Application ☒

1. CORPORATE NAME: OMalley's Sports Bar Inc. PHONE: 954-979-8540
2. NAME OF BUSINESS ORGANIZATION: OMalley's Sports Bar Inc.
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1388 North State Rd. 7 Margate FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: Stephen Johnson PHONE: 978-808-1462
HOME ADDRESS: [REDACTED]
City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: LCOP Dual License
8. DATE: 7-12-2019 APPLICANT'S SIGNATURE: Stephen Johnson
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV1607956

RECEIVED

JUL 10 2019

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: Henry Williams

TITLE: General Manager

HOME ADDRESS: 

PHONE: 954-224-7451

DATE OF BIRTH: bl

(This line must be completed in order to process your request. If left

NAME: _____

TITLE: _____

HOME ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____

(This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____

TITLE: _____

HOME ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____

(This line must be completed in order to process your request. If left blank, your form will be returned to you.)

If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: Reviewed.

Authority: Chief J. Shaw

Date: 08/15/19

OL100I01

CITY OF MARGATE
Business Master Inquiry

7/15/19
09:26:12

Business: 3279 O'MALLEYS SPORTS BAR INC

Business address

1388 N STATE ROAD 7 # 2
MARGATE FL 330632836

Mailing address

1388 N STATE ROAD 7 # 2
MARGATE FL 330632836

Location ID . . . : 229780
Date opened . . . : 2/14/05
Federal tax ID . . : 510534547
Business phone . . : 561 302-0734
Status/date . . . : A 2/15/05
Email address . . : snafu808@bellsouth.net

Owner Information

Contractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . :
Email renewals . . :
Total amount due . : .00
Phone : 954 850-5082

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=Cancel

F9=Display licenses
F24=More keys

----- STATEMENT -----

O'MALLEYS
1388 N SR 7
MARGATE FL 33063

DATE: 7/17/19
ACCOUNT#: 5290

ALARM LOCATION:
1388 N SR 7
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
=====			

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

BALANCE DUE: .00

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

MAKE ALL CHECKS PAYABLE TO:
CITY OF MARGATE POLICE DEPARTMENT
5790 MARGATE BLVD, MARGATE, FL 33063

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application ☐

Renewal Application ☒

1. CORPORATE NAME: SHARKEY Liquors INC. PHONE: 954 928-3062
2. NAME OF BUSINESS ORGANIZATION: SHARKEY'S BLVD. LOUNGE
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5889 Margate Blvd. Margate FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: T. A. Chambers PHONE: 954 978 3062
HOME ADDRESS: [REDACTED] City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 2CDP
8. DATE: 6/24/19 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BaV1607122

RECEIVED

JUN 28 2019

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: SHARKEY, T A TITLE: President

HOME ADDRESS: [REDACTED] PHONE: 854-445-2240

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: DAWN SHARKEY TITLE: J.P.

HOME ADDRESS: [REDACTED] PHONE: 854 292-8699

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

_____ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: _____

Authority: Jonathan Shaw
Jonathan Shaw, Chief of Police

Date: July 17, 2019

CITY OF MARGATE
Business Master Inquiry6/28/19
15:12:03

Business: 3659 SHARKEY'S BLVD. LOUNGE

Business address5889 MARGATE BLVD
MARGATE

FL 330632834

Mailing address5889 MARGATE BLVD
MARGATE

FL 330632834

Location ID . . . : 226294
Date opened . . . : 1/05/06
Federal tax ID . . : 043745140
Business phone . . : 954 978-3062
Status/date . . . : A 1/05/06
Email address . . : dms1029@aol.comOwner InformationContractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . :
Email renewals . . :Total amount due . . : .00
Phone : 954 978-3062

Email address . :

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=CancelF9=Display licenses
F24=More keys

OL100I01

CITY OF MARGATE
Business Master Inquiry

6/28/19
15:12:03

Business: 3659 SHARKEY'S BLVD. LOUNGE

Business address

5889 MARGATE BLVD
MARGATE

FL 330632834

Mailing address

5889 MARGATE BLVD
MARGATE

FL 330632834

Location ID . . . : 226294
Date opened . . . : 1/05/06
Federal tax ID . . : 043745140
Business phone . . : 954 978-3062
Status/date . . . : A 1/05/06
Email address . . : dms1029@aol.com

Contractor flag . . :
Type of ownership . . : C
Secondary phone/type:
Type of business . . :
Email renewals . . . :

Total amount due . . : .00
Phone : 954 978-3062

Owner Information

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=Cancel

F9=Display licenses
F24=More keys

Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application _____

Renewal Application ☒

1. CORPORATE NAME: My Street Holdings PHONE: 561-927-8341
2. NAME OF BUSINESS ORGANIZATION: TQLA Station
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5190 Coconut Creek Pkwy Margate FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: Margarita Renteria PHONE: _____
HOME ADDRESS: _____
City State Zip
5. APPLICANT'S DATE OF BIRTH: _____ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation ☒ *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: LCOP
8. DATE: 6-28-19 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER Bev 16-00076

RECEIVED

JUL - 2 2019

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a partnership or corporation, list all proprietors, partners or officers. If establishment is owned by a Corporation, list the names of the officers and all individuals who own 5% or more of the assets of the Corporation owning the establishment. If a Corporation is publicly held, only the officers and directors need to be listed, as well as the Florida Registered Agent.

NAME: Margarito Benteria TITLE: President

HOME ADDRESS: [REDACTED] PHONE: 561 927 8341

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: Maria Benteria TITLE: Chairman

HOME ADDRESS: [REDACTED] PHONE: 954-270-4933

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: Elemi Benteria TITLE: Vice President

HOME ADDRESS: [REDACTED] PHONE: 954-461-0324

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: _____

Authority: _____

Jonathan Shaw
Jonathan Shaw, Chief of Police

Date: July 17, 2019

Business: 7692 TQLA STATION
Business address
5190 COCONUT CREEK PKWY
MARGATE FL 330633913

Mailing address

Location ID . . . : 225400
Date opened . . . : 6/12/17
Federal tax ID . . : 815209433
Business phone . . : 954 247-9038
Status/date . . . : A 6/12/17
Email address . . : tqlastation@gmail.com

Owner Information

Contractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . . :
Email renewals . . :
Total amount due . . : .00
Phone : 561 927-8341

Email address . . :
Press Enter to continue.

F3=Exit F5=Display officers F7=Miscellaneous information F9=Display licenses
F12=Cancel F24=More keys