

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 Centenario N.C. LLC PHONE: (561) 563 3873
2. NAME OF BUSINESS ORGANIZATION: Centenario N.C.
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 199 S. State Road 7 Margate FL 33068
No. and Street City State Zip
4. APPLICANT'S NAME: Roger + Amaya PHONE: [REDACTED]
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: Beer, wine & tobacco 2CBP
8. DATE: 6/20/17 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 1620858

RECEIVED

JUN 25 2017

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: _____

No comment

Authority: _____


Chief Dana E. Watson
Dana E. Watson, Chief of Police

Date: _____

08/23/17

CITY OF MARGATE
Business Master Inquiry6/27/17
17:35:35




Business: 7577 AMAYA'S CENTENARIO NIGHT CLUB, LLC

Business address199 S STATE ROAD 7
MARGATE

FL 330685722

Mailing address751 SW 7 ST. #2
POMPANO BEACH

FL 33060

Location ID . . . : 226598
Date opened . . . : 1/31/17
Federal tax ID . . : 
Business phone . . : 561 563-3873
Status/date . . . : A 2/01/17
Email address . . . : Contractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . . :
Email renewals . . . :Owner InformationTotal amount due . . : 00
Phone : 

Press Enter to continue.

F3=Exit F5=Display officers

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

----- STATEMENT -----

CENTENARIO NIGHT
199 S SR 7
MARGATE FL 33068

DATE: 6/28/17
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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Amaya's Centenario Night Club LLC

Owner's Name: Roger Amaya

Address: 199 S. SR 7, Margate, FL 33068

Phone #: 561-563-3873

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain: N/A

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain: N/A

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain: N/A

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 1/31/2017 to 7/1/2017. (The annual period for renewals or modified period for conditional renewals).

8 **Total number of calls for service**

2 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☒ Yes ☐ No

Explain: The address (199 S. SR 7) has one open code compliance issue, however, it does not appear to be for this specific business. There are many historical code compliance issues at 199 S. SR 7 but many of them were prior to Amaya's Centenario being in business.

Background completed by *[Signature]*

Date 8/8/2017

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 X

1. CORPORATE NAME: James Earl Duberick Post #157 INC AN LE PHONE: 954-971-0882
2. NAME OF BUSINESS ORGANIZATION: American Legion Post 157
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1791 MEADOW PARKWAY MARGATE FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: JERRY COLOP PHONE: [REDACTED]
HOME ADDRESS: [REDACTED] [REDACTED] FL 33063
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: Series LLC
8. DATE: 6-19-2017 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 1603503

RECEIVED

JUN 19 2017

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:

None

Authority:

Dana E. Watson
Dana E. Watson, Chief of Police

Date:

06/28/17

CITY OF MARGATE
License Master Inquiry6/19/17
09:16:18Business control nbr . : 4410
License number : 17 00005111
Pin number : 5472Business name & addressJAMES CARL FREDERICK POST 157
1791 MEARS PKWY
MARGATE FL 330633748Last activity:

Created: 10/25/16 by LHOFF

Mailing addressTHE AMERICAN LEGION
1791 MEARS PKWY

MARGATE FL 330633748

Classification : 17801

FEE WAIVED NON PROFIT

Exemption applied :

License status, date . . . : ACTIVE

10/25/16

Appl, issue date : 9/30/16 10/01/16

Expiration, valid thru . . : 9/30/17 9/30/17

Date renewal printed . . . :

Date printed, reprinted . : 10/25/16

Prior license : 16 00005111

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: American Legion Post #157

Owner's Name: James Carl Frederick

Address: 1791 Mears Parkway Margate, FL 33063

Phone #: 954-971-0882

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 06-01-16 to 06-01-17. (The annual period for renewals or modified period for conditional renewals).

9 **Total number of calls for service**

0 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Det. Julio O. Fernandez

Background completed by

06-27-17

Date

Additional comments: None of the calls for service resulted in any crimes or violations. They were mainly calls for outside of the business.

L. GALASHA

I REVIEWED THIS PACKET AND FOUND NO CONCERNS. City MP 309 06/28/17

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: [REDACTED]
HOME ADDRESS: [REDACTED] [REDACTED] [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: 4COP SRX
8. DATE: 052417 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

RECEIVED

MAY 30 2017

3087
CK # _____ INITIALS [Signature]

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: [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: Jerry Marcopoulos TITLE: Manager

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.)

NAME: Timothy Doherty TITLE: Manager

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.)

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

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: None

Authority: [Signature] Date: 06/28/17

Dana E. Watson, Chief of Police

SKENE LAW FIRM, P.C.

A NEW JERSEY PROFESSIONAL CORPORATION

2614 ROUTE 516, 2ND FLOOR • OLD BRIDGE, NEW JERSEY • 08857

PHONE: 732-727-5030 • FAX: 732-727-5028

WWW.SKENELAWFIRM.COM

ROBERT D. SKENE * +

RICHARD D. NASCA * +

LISA M. MILLER * + ^

JOHN F. VASSALLO, JR., OF COUNSEL

ANNE MARIE VASSALLO, OF COUNSEL

May 25, 2017

* NEW JERSEY BAR ADMISSION

+ NEW YORK BAR ADMISSION

^ PENNSYLVANIA BAR ADMISSION

VIA FEDERAL EXPRESS

Office of the City Clerk

City of Margate

Attn: Carleen Steadman

5790 Margate Boulevard

Margate, FL 33063

Re: Renewal Application for Special Permit for Extended Hours
Doherty Apple South Florida LLC (dba Applebee's Neighborhood Grill & Bar)
5377 West Atlantic Blvd., Margate, FL 33063

Dear Ms. Steadman:

As you are aware this firm represents Doherty Enterprises, Inc. and its affiliate entities with respect to their alcoholic beverage regulatory and administrative matters. Enclosed please find a Renewal Application for Special Permit for Extended Hours along with the required fee in the amount \$150.00.

If you have any questions or concerns or if you require additional information, please do not hesitate to contact our office at the above number or via e-mail at cminio@skenelawfirm.com. Thank you for your time and attention to this matter.

Very truly yours,

Skene Law Firm, P.C.


Colleen Minio

Paralegal

Business: 7205 APPLEBEE'S NEIGHBORHOOD GRILL & BAR

Business address5377 W ATLANTIC BLVD
MARGATE

FL 33063

Mailing addressDOHERTY APPLE SOUTH FL, LLC
7 PEARL COURT ATTN: S. BEATTY
ALLENDALE NJ 074011654

Location ID . . . : 235028

Date opened . . . : 9/28/15

Federal tax ID . . : [REDACTED]

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 : [REDACTED]

PEMBROKE PINES FL 33026

Email address . . : cminio@skenelawfirm.com

Press Enter to continue.

F3=Exit F5=Display officers

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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Applebee's Neighborhood Grill & Bar Owner's Name: Doherty Apple South Florida LLC

Address: 5377 W. Atlantic Blvd.

Phone #: 954-969-0866

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 06/21/16 to 06/21/17. (The annual period for renewals or modified period for conditional renewals).

20 Total number of calls for service

3 Number of violations, crimes and type (Attach police reports or other documentation)

0 Number of alcohol / tobacco violations (Attach police reports or other documentation)

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Jared Schwartz #3396

Background completed by

06/21/17

Date

Additional comments:

L7 * GACAS 11A
I REVIEWED THIS PACKET AND FOUND NO CONCERNS/ISSUES
CANT MIA 06/28/17

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: Brady's Irish Pub
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 986 S STRO 7 Margate FL 33068
No. and Street City State Zip
4. APPLICANT'S NAME: Thomas ROAD PHONE: [REDACTED]
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: 4cop
8. DATE: 5/24/17 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 Rev. 1607932

RECEIVED

MAY 30 2017

14293
CK # 14293 INITIALS JR

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: [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.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:

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

Comments: None

Authority: [Signature] Date: 06/28/17
Dana E. Watson, Chief of Police

Business: 2658 BRADY'S IRISH PUB

Business address986 S STATE ROAD 7
MARGATE

FL 330682808

Mailing address986 S STATE ROAD 7
MARGATE

FL 330682808

Location ID . . . : 226890
Date opened . . . : 9/10/03
Federal tax ID . . :
Business phone . . : 954 973-1390
Status/date . . . : A 9/16/03
Email address . . : noneOwner InformationContractor flag . . :
Type of ownership . :
Secondary phone/type: 954 721-3426 EM
Type of business . . :
Email renewals . . :Total amount due . . : 00
Phone :

TAMARAC FL 33321

Email address . :

Press Enter to continue.

F3=Exit F5=Display officers

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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Brady's Irish Pub

Owner's Name: Thomas Read

Address: 7306 NW 81st St, Tamarac, FL 33321

Phone #: 954-721-3426

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 06/01/16 to 06/01/17. (The annual period for renewals or modified period for conditional renewals).

6 **Total number of calls for service**

0 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Det. Michael Starkman

Background completed by

06/21/17

Date

Additional comments:

L726 GALASHA
I reviewed this packet and found no issues/concerns.
Capt MP 3017 06/28/17

884

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: Brunswick 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: [REDACTED]
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: Retailer, consumption on premises only
8. DATE: 6/29/2017 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 BEV1600131

RECEIVED

JUL 10 2017

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: [REDACTED]

DATE OF BIRTH: [REDACTED] ^{NY 10003} (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: Brett I. Parlee TITLE: VP/CFO

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.)

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: No comment.

Authority: [Signature] Date: 08/23/17

Chief Dana E. Watson

Business: 617 BRUNSWICK MARGATE LANES

Business address2020 N STATE ROAD 7
MARGATE FL 330635712Location ID . . . : 225706
Date opened . . . : 6/02/88
Federal tax ID . . :
Business phone . . : 954 972-4400
Status/date . . . : A 9/28/01
Email address . . : lgonzalez@amf.comOwner InformationLEISERV LLC

Mailing address7313 BELL CREEK RD
ATTN: TAX & LICENSING
MECHANICSVILLE VA 23111Contractor flag . . :
Type of ownership . : C
Secondary phone/type: 847 735-4580 EM
Type of business . . :
Email renewals . . . :Total amount due . . : .00
Phone : 

Press Enter to continue.

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

----- STATEMENT -----

DATE: 7/24/17
ACCOUNT#: 2357

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

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-

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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Brunswick Margate Lanes

Owner's Name: Leiser, LLC / Brett Parker,

Address: 2020 N SR 7, Margate, FL, 33063

Phone #: 804-417-1957

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 3/28/17 to 07/28/17. (The annual period for renewals or modified period for conditional renewals).

6 **Total number of calls for service**

1 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$ **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain: See attached forms

Detective Michael Shapira #3350

Background completed by

08/14/2017

Date

LT JG GARDNER 8/17/17

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: JD Golf Properties LLC PHONE: 954-753-3500
2. NAME OF BUSINESS ORGANIZATION: Carolina Club / McDivitt's Restaurant
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 3011 Rock Island Rd Margate FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: Celestino D Avila PHONE: [REDACTED]
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: GC
8. DATE: 7-5-16 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 Dev 1607460

RECEIVED

JUL 12 2017

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:

No comments

Authority:

[Signature]
Chief Dana E. Watson

Date:

08/23/17



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Carolina Country Club Owner's Name: Joe Pace
Address: 3011 Rock Island Rd Phone #: 954-753-3500

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 3/28/17 to 7/23/17. (The annual period for renewals or modified period for conditional renewals).

Total number of calls for service 7

Number of violations, crimes and type (Attach police reports or other documentation) 2

Number of alcohol / tobacco violations (Attach police reports or other documentation) 0

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$ Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:


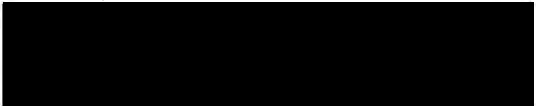

Erin Blanton
Background completed by

8/2/17
Date

Additional comments:

BBAC 4548 8/2/17

Business: 2270 CAROLINA COUNTRY CLUB

Business address3011 N ROCK ISLAND RD
MARGATE FL 33063Mailing address3011 N ROCK ISLAND RD
MARGATE FL 33063Location ID . . . : 232222
Date opened . . . : 8/18/94
Federal tax ID . . : 
Business phone . . : 954 753-3500
Status/date . . . : A 11/18/02
Email address . . . :Owner InformationPACE, JOE
Contractor flag . . . :
Type of ownership . . : C
Secondary phone/type:
Type of business . . :
Email renewals . . . :
Total amount due . . : 00
Phone : 

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

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

----- STATEMENT -----

DATE: 7/24/17
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: Alejo Tobar PHONE: [REDACTED]
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: 7-6-17 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 BEV1616170

RECEIVED

JUL 10 2017

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: Alvaro Tobar 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: Debbie Tobar TITLE: J.P.

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.)

____ 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: No comment.

Authority: [Signature]
Chief Dana E. Watson

Date: 08/23/17

----- STATEMENT -----

DATE: 7/24/17
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

Business: 861 EL BALCON DE LAS AMERICAS INC

Business address7932 W SAMPLE RD #1
MARGATE

FL 330654712

Mailing address7932 W SAMPLE RD
MARGATE

FL 330654712

Location ID . . . : 228612

Date opened . . . : 6/05/01

Federal tax ID . . : [REDACTED]

Business phone . . : 954 346-4590

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

Email address . . : kasper66@comcast.net

Owner Information

TOBAR, ALVARO

Contractor flag . . :

Type of ownership . : C

Secondary phone/type: 561 483-3561 EM

Type of business . . :

Email renewals . . :

Total amount due . . : .00

Phone : [REDACTED]

Email address . . :

Press Enter to continue

F3=Exit F5=Display officers

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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: El Balcon de las Americas, Inc

Owner's Name: Alvaro Tobar

Address: 7932 W. Sample Rd. Margate, FL 33065

Phone #: 561-302-2643

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 7/01/16 to 7/01/2017. (The annual period for renewals or modified period for conditional renewals).

1 **Total number of calls for service**

0 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Bill Snyder #3493

Background completed by

8/02/2017

Date

Additional comments:

L-728 GA-ASGA 8/17/17

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: A and Lucelio Corp PHONE: 954-248-7850
2. NAME OF BUSINESS ORGANIZATION: EL Bohio de Mama Restaurant
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 2179 N State Road 7 Margate FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: Anito R. Soliman PHONE: [REDACTED]
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: 2 COP
8. DATE: 7-6-17 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 10 2017

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: Anito R Soliman

TITLE: OWNER

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.)

NAME: YDALISA ARIAS

TITLE: CO-OWNER

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.)

_____ 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: No comments



Authority: [Signature]

Chief Dana E. Watson

Date: 08/23/17

CITY OF MARGATE
Business Master Inquiry7/12/17
09:14:57

Business: 6822 EL BOHIO DE MAMA RESTAURANT

Business address2179 N STATE ROAD 7
MARGATE FL 330635713Mailing addressA & L LUCELIS CORP
2179-2181 N STATE ROAD 7
MARGATE FL 330635713Location ID . . . : 225964
Date opened . . . : 7/17/14
Federal tax ID . . : 
Business phone . . : 754 307-5776
Status/date . . . : A 7/17/14
Email address . . : ydalisa31@yahoo.comContractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . . :
Email renewals . . . :Owner InformationSOLIMAN, ANITO R
Total amount due . . : 00
Phone : 

Email address . . : n/a

Press Enter to continue.

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

----- STATEMENT -----

DATE: 7/24/17
ACCOUNT#: 8735

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

ALARM LOCATION:
2179 N 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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: El Bohio de Mama Restaurant

Owner's Name: Anito Soliman/Ydalisa Arias

Address: 2179 N SR 7 Margate, FL 33063

Phone #: 954-248-7850

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 06-01-16 to 06-30-17. (The annual period for renewals or modified period for conditional renewals).

4 Total number of calls for service

3 Number of violations, crimes and type (Attach police reports or other documentation)

0 Number of alcohol / tobacco violations (Attach police reports or other documentation)

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Julio O. Fernandez

Background completed by

08-14-17

Date

Additional comments:

L? 286A AS 8/17/17

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 X

1. CORPORATE NAME: MAGIN CORPORATION PHONE: (954) 972-6266
2. NAME OF BUSINESS ORGANIZATION: GERRI'S SPORTS 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: [REDACTED]
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 (X) *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 (4COP)
8. DATE: 6-6-17 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 1600494

RECEIVED

JUN 12 2017

1208
CK # _____ INITIALS [Signature]

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] 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.)

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

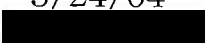
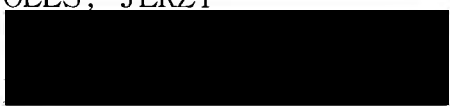

Comments: None

Authority: [Signature]

Dana E. Watson, Chief of Police

Date: 06/28/17

Business: 2976 GERRI'S SPORTS PUB

Business address6500 W ATLANTIC BLVD
MARGATE FL 330635135Location ID . . . : 228930
Date opened . . . : 5/24/04
Federal tax ID . . : 
Business phone . . : 954 972-6266
Status/date . . . : A 5/24/04
Email address . . : 1955oles@comcast.netOwner InformationOLES, JERZY
Mailing addressMAGIN, INC.
6500 W ATLANTIC BLVD
MARGATE FL 330635135Contractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . . :
Email renewals . . :
Total amount due . : .00
Phone : 

Email address . :

Press Enter to continue.

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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Gerri's Sports Pub

Owner's Name: Jerzy Oles

Address: 6500 W. Atlantic Blvd, Margate, FL 33063

Phone #: 954-972-6266

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain: N/A

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain: N/A

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain: N/A

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 6/1/2016 to 6/1/2017. (The annual period for renewals or modified period for conditional renewals).

14 Total number of calls for service

3 Number of violations, crimes and type (Attach police reports or other documentation)

0 Number of alcohol / tobacco violations (Attach police reports or other documentation)

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☒ Yes ☐ No

Explain: Historical Code compliance issues, however, all were closed and nothing during this particular review period.

Det. S. Sawyer

Background completed by

6/21/2017

Date

L728 GALASHA
I reviewed this packet and found NO ISSUES/CONCERNS.
Capt MP 6/28/17

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: Goldchoice Production Inc. PHONE: (954) 984-9544
2. NAME OF BUSINESS ORGANIZATION: Goldchoice Production Inc.
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 343-345-347 South State Rd 7 MARGATE FL 33068
No. and Street City State Zip
4. APPLICANT'S NAME: Willy JEAN-Jacques PHONE: [REDACTED]
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: 2COP
8. DATE: 7/5/17 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 10 2017

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: _____

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: No comments.

Authority: Chief Dana E. Watson

Date: 08/23/17

Business: 3965 GOLDCHOICE BALLROOM

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

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Gold Choice Ballroom (Gold Choice Production Inc.) Owner's Name: Willy Jean-Jacques

Address: 343-345-347 S SR 7

Phone #: (954)984-9544

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 03/28/17 to 07/23/17. (The annual period for renewals or modified period for conditional renewals).

0 Total number of calls for service

0 Number of violations, crimes and type (Attach police reports or other documentation)

0 Number of alcohol / tobacco violations (Attach police reports or other documentation)

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Jared Schwartz #3396

Background completed by

08/02/17

Date

Additional comments:

L728 GAC ASMA 8/17/17

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 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 A. CONTRERAS PHONE: [REDACTED]
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: 7/12/17 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

RECEIVED

JUL 12 2017

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: No comments

Authority: 

Chief Dana E. Watson

Date: 08/23/17

Business: 5408 GUAPO'S COCKTAIL BAR & LOUNGE

Business address2160 MEARS PKWY
MARGATE FL 33063Location ID . . . : 231792
Date opened . . . : 3/04/10
Federal tax ID . . : 
Business phone . . : 754 366-5553
Status/date . . . : A 3/08/10
Email address . . : evera/f@aol.com**Owner Information**CONTRERAS, EVER
**Mailing address**LUNA ENTERTAINMENT GROUP INC.
2160 MEARS PKWY
MARGATE FL 33063Contractor flag . . . :
Type of ownership . . : C
Secondary phone/type:
Type of business . . :
Email renewals . . . :
Total amount due . . : .00
Phone : 

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

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

----- STATEMENT -----

DATE: 7/24/17
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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Guapos Cocktail Bar & Lounge

Owner's Name: Ever A. Contreras

Address: 2160 Mears Parkway, Margate

Phone #: (954) 876-1469

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 7/2016 to 7/2017. (The annual period for renewals or modified period for conditional renewals).

0 Total number of calls for service

0 Number of violations, crimes and type (Attach police reports or other documentation)

0 Number of alcohol / tobacco violations (Attach police reports or other documentation)

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$ Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective B. Chevres
Background completed by

8/2/2017
Date

Additional comments:

L728 Gx 0544 8/1/17

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 REST INC. PHONE: 954 979 5530
2. NAME OF BUSINESS ORGANIZATION: JASMINE THAI & SUSHI
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1785 N. STATE RD 7, MARGATE, 33063
No. and Street City State Zip
4. APPLICANT'S NAME: PREECHA HONGNOKHUN PHONE: [REDACTED]
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 SFS
8. DATE: 5/23/17 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 1613519 SFS

RECEIVED

JUN - 1 2017

4043
CK # _____ INITIALS [Signature]

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: President

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.)

NAME: CHRISTINE P. KELLY (HONGNORKHUN) TITLE: Vice President

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.)

NAME: BEN HONGNORKHUN TITLE: Secretary

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: None

Authority: [Signature] Date: 06/28/17
Dana E. Watson, Chief of Police

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 . . :
Business phone . . : 954 979-5530
Status/date . . . : A 1/03/13
Email address . . : peter@jasminethaisushi.comContractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . . :
Email renewals . . :
Total amount due . : .00
Phone :
MARGATE FL 330635705Owner InformationHONGNOPKHUN PREECHA (PETER)

MARGATE FL 330635705

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Jasmine Thai and Chinese Restaurant

Owner's Name: Preecha Hongnophun

Address: 1785 N. SR 7 Margate, FL 33063

Phone #: (954) 979-5530

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 07/01/2016 to 06/19/2017. (The annual period for renewals or modified period for conditional renewals).

3 **Total number of calls for service**

1 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☐ Yes ☒ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Michael Berryman #3407

Background completed by

06/19/2017

Date

Additional comments:

Rec. SU#3057 06/26/17
I reviewed this packet and found no concerns,
1128 GARCIA Capt M PH 3019 06/28/17

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: 201-205 State Road 7 Margate, FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: Ingrid C. Avila PHONE: [REDACTED]
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
8. DATE: 6/19/17 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

RECEIVED

JUN 21 2017

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. Avila TITLE: President

HOME ADDRESS: _____

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: Capt. Jim Shaw
(Acting Chief)

Date: 07/10/17

Business: 5102 MASTERS BILLIARDS

Business address201 S STATE ROAD 7
MARGATE

FL 330685702

Location ID . . . : 226596
Date opened . . . : 5/04/09
Federal tax ID . . : 
Business phone . . : 954 366-4212
Status/date . . . : A 5/04/09
Email address . . : ical006@hotmail.comOwner InformationAVILA, INGRID C
Mailing addressJAWIL ENTERPRISES CORP.
7875 MARGATE BLVD BLDG 1 #201
MARGATE FL 33063Contractor flag . . . :
Type of ownership . . : C
Secondary phone/type :
Type of business . . :
Email renewals . . . :
Total amount due . . : .00
Phone : 

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Masters Billiards

Owner's Name: Ingrid C Avila

Address: 201-205 South SR 7

Phone #: 954-994-6741

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 6/2016 to 6/2017. (The annual period for renewals or modified period for conditional renewals).

3 Total number of calls for service

0 Number of violations, crimes and type (Attach police reports or other documentation)

0 Number of alcohol / tobacco violations (Attach police reports or other documentation)

Does the business have a permitted alarm? ☐ Yes ☒ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☐ No ☒ N/A

\$0 Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective K. 3387
Background completed by

7/5/17
Date

Additional comments:

L7286 ALASHA
7/10/17
Capt M.D.
07/10/17

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 X

1. CORPORATE NAME: Jackson OG INC PHONE: 9549172855

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

3. ADDRESS: JESSE'S XTREME SPORTS BAR
5442 W. ATLANTIC BLVD.
MARGATE, FL 33063
954-917-2886 City State Zip

4. APPLICANT'S NAME: JESSE WALCUTT PHONE: _____

HOME ADDRESS: _____
No. and Street 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 (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: 4COP

8. DATE: 6/6/17 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 1607359

RECEIVED

JUN - 8 2017

check 6535

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: JESSE WALCOTT 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: JEANNINE STANFORD TITLE: VP

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: JENNIFER SCALETTA TITLE: SECRETARY

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.)

____ 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: No comment

Authority: [Signature]

Chief Dana E. Watson

Date: 08/23/17

----- STATEMENT -----

JESSIE'S BAR
5438 W ATLANTIC BLV
MARGATE FL 33063

DATE: 6/14/17
ACCOUNT#: 7423

ALARM LOCATION:
5438 W ATLANTIC BLV
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
=====			



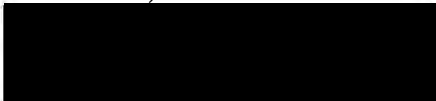
BALANCE DUE: .00

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

Business: 4096 JESSE'S XTREME SPORTS BAR

Business address5438 W ATLANTIC BLVD
MARGATE FL 330635215Mailing address5438 W ATLANTIC BLVD
MARGATE FL 33063Location ID . . . : 228870
Date opened . . . : 10/13/06
Federal tax ID . . : 
Business phone . . : 954 650-4466
Status/date . . . : A 10/31/06
Email address . . : jessesxtreme@bellsouth.netContractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . . :
Email renewals . . :
Total amount due . : .00
Phone : Owner InformationWALCUTT, JESSE


Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Jesse's Extreme Sports Bar

Owner's Name: Jesse Walcutt

Address: 5377 West Atlantic Boulevard, Margate

Phone #: (954) 917-2855

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 7/2016 to 7/2017. (The annual period for renewals or modified period for conditional renewals).

21 **Total number of calls for service**

2 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$ **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective B. Chevres
Background completed by

8/2/2017
Date

Additional comments:

2206 AC AS 8/2/17

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: O'MALLEY'S SPORTS BARING. PHONE: 954-972-8540
2. NAME OF BUSINESS ORGANIZATION: O'MALLEY'S SPORTS BAR
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1388 N. SR. 7 MARGATE FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: STEPHAN JOHNSON PHONE: [REDACTED]
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
8. DATE: 7-13-17 APPLICANT'S SIGNATURE: Stephan 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 BEV 1607956

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: STEPHAN JOHNSON TITLE: PRES

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.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:

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

Comments: No Comment

Authority: [Signature]

Chief Dana E. Watson

Date: 08/24/17

CITY OF MARGATE
Business Master Inquiry

7/13/17
15:03:26


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 . . : 
Business phone . . : 561 302-0734
Status/date . . . : A 2/15/05
Email address . . : snafu808@bellsouth.net

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

Owner Information

JOHNSON, STEPHEN C


Email address . :

Press Enter to continue.

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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: O'Malley's Sports Bar

Owner's Name: Stephan Johnson

Address: 1388 N SR 7

Phone #: 954-979-8540

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 03/28/17 to 07/23/17. (The annual period for renewals or modified period for conditional renewals).

7 **Total number of calls for service**

2 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☐ Yes ☒ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Det. Michael Starkman
Background completed by

08/02/2017
Date

Additional comments:

L-12800-1344 8/17/17

----- STATEMENT -----

O'MALLEYS
1388 N SR 7
MARGATE FL 33063

DATE: 7/24/17
ACCOUNT#: 5290

ALARM LOCATION:
1388 N 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: PALADIM SPORT BAR AND PHONE: 305) 244-3467
2. NAME OF BUSINESS ORGANIZATION: PALADIM Sport Bar And Lounge LLC
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5688 W SAMPLE RD MARGATE FL 33073
No. and Street City State Zip
4. APPLICANT'S NAME: KITH-CHANCE MARCELLO PHONE: [REDACTED]
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
8. DATE: 6-26-17 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 1622204

RECEIVED

JUN 26 2017

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: NICLAS PIERRE TITLE: MANAGE MEMBER

HOME ADDRESS: _____

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: _____

None

Authority: _____

Dona E. Watson, Chief of Police

Date: _____

06/28/17

6/26/17
13:18:00

FL 330733446

MARCELLUS, KITT-CHANCE

Email address :

Press Enter to continue.

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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Paladium Sports Bar and Lounge LLC Owner's Name: Kitt-Chance Marcellus

Address: 5688 W. Sample Rd Margate, FL 33063

Phone #: (305) 244-3467

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 07/01/2016 to 06/27/2017. (The annual period for renewals or modified period for conditional renewals).

14 Total number of calls for service

0 Number of violations, crimes and type (Attach police reports or other documentation)

0 Number of alcohol / tobacco violations (Attach police reports or other documentation)

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Michael Berryman #3407

Background completed by

06/27/2017

Date

Additional comments:

28
I REVIEWED THE PACKET AND THERE ARE NO ISSUES OR CONCERNS.
CMT H Ph 309 06/28/17

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: Blue STAR RESTAURANT PHONE: 561-9016366
2. NAME OF BUSINESS ORGANIZATION: PARROT COVE ISLAND BAR AND GRILL
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 8000 WEST SAMPLE RD MARGATE FL 33065
No. and Street City State Zip
4. APPLICANT'S NAME: JEAN LAURENT PHONE: [REDACTED]
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 SFS
8. DATE: 07/10/17 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 1621482

RECEIVED

JUL 11 2017

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

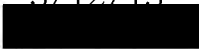


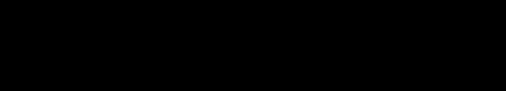
Comments: No comment

Authority: 

Date: 08/23/17

Chief Dana E. Watson

Business: 7108 PARROT COVE ISLAND BAR & GRILL

Business address8000 W SAMPLE RD
MARGATE FL 330654714**Mailing address**BLUE STAR RESTAURANT & LOUNGE
8000 W SAMPLE RD
MARGATE FL 330654714Location ID . . . : 228608
Date opened . . . : 5/12/15
Federal tax ID . . : 
Business phone . . : 954 673-7574
Status/date . . . : A 5/12/15
Email address . . : judith_laurent@yahoo.comContractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . . :
Email renewals . . :
Total amount due . : 
Phone : **Owner Information**LAURENT, JEAN R


Email address . : jeanrlaurent@yahoo.com

Press Enter to continue.

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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Blue Star Restaurant

Owner's Name: Jean Laurent

Address: 8000 W. Sample Rd Margate, FL 33063

Phone #: (561) 901-6366

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 03/28/2017 to 07/23/2017. (The annual period for renewals or modified period for conditional renewals).

4 Total number of calls for service

3 Number of violations, crimes and type (Attach police reports or other documentation)

0 Number of alcohol / tobacco violations (Attach police reports or other documentation)

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Michael Berryman #3407

Background completed by

08/08/2017

Date

Additional comments:

CT JGBR ASHA 8/7/17

OL102101

CITY OF MARGATE
Business License Selection

8/02/17
14:56:27

Business: 7108 PARROT COVE ISLAND BAR & GRILL

Business address

8000 W SAMPLE RD

MARGATE

FL 330654714

Mailing address

BLUE STAR RESTAURANT & LOUNGE

8000 W SAMPLE RD

MARGATE

FL 330654714

Type options, press Enter.

1=Select

Opt	Lic Nbr	Classification	Status
-	17 00008329	RESTAURANTS CAPACITY OVER 150	FIRST RENEWAL MAILED
-	16 00008329	RESTAURANTS CAPACITY OVER 150	RENEWED
-	15 00008329	RESTAURANTS CAPACITY OVER 150	RENEWED

F3=Exit F12=Cancel

----- STATEMENT -----

DATE: 8/01/17
ACCOUNT#: 3333

*PURGE
8000 W SAMPLE RD
MARGATE FL 33063

ALARM LOCATION:
8000 W SAMPLE RD
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
10/28/1999		SETUP/REINSTAMENT FEE POLICE ALARM	25.00
08/13/2003		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

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: SALON DELI, INC. PHONE: (954) 975-2426
2. NAME OF BUSINESS ORGANIZATION: SALON CUISINE
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1304 N. SR 7 MARGATE FL. 33663
No. and Street City State Zip
4. APPLICANT'S NAME: YOUNG LE PHONE: [REDACTED]
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: ABC
8. DATE: 7/9/17 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 BEV1618538

RECEIVED

JUL 10 2017

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: YOUNG, GLE TITLE: President

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.)

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: No comments.

Authority: [Signature]
Chief Dana E. Watson

Date: 08/23/17

----- STATEMENT -----

SAIGON CUISINE
1394 N SR 7
MARGATE FL 33063

DATE: 7/24/17
ACCOUNT#: 7196

ALARM LOCATION:
1394 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

CITY OF MARGATE
Business Master Inquiry7/12/17
09:15:35

Business: 4076 SAIGON CUISINE/VIETNAMESE REST

Business address1392 N STATE ROAD 7
MARGATE FL 330632836Mailing addressSAIGON DELI, INC.
1392-1396 N STATE ROAD 7
MARGATE FL 330632836Location ID . . . : 231424
Date opened . . . : 10/16/06
Federal tax ID . . : 
Business phone . . : 954 975-2426
Status/date . . . : A 10/24/06
Email address . . : saigon2426@comcast.netContractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . . :
Email renewals . . . :**Owner Information**LE, YOUNG
Total amount due . . : .00
Phone : 

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Saigon Deli, INC

Owner's Name: Young Le

Address: 1394 N. SR 7 Margate, FL 33063

Phone #: (954) 789-8701

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 03/28/2017 to 07/23/2017. (The annual period for renewals or modified period for conditional renewals).

3 **Total number of calls for service**

1 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Michael Berryman #3407

Background completed by

08/08/2017

Date

Additional comments:

L728 GAC/SA 8/17/17

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: 954 978 3062
2. NAME OF BUSINESS ORGANIZATION: Sharkeys Blvd. lounge
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5889 Margate Blvd.
No. and Street City State Zip
4. APPLICANT'S NAME: J.A. & Dawn Sharkey PHONE: [REDACTED]
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 (X) *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: Beer & Wine
8. DATE: 6/22/17 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 1607122

RECEIVED

JUN 25 2017

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: T. A. Sharkey TITLE: Pres.
HOME ADDRESS: [REDACTED] PHONE: [REDACTED]
DATE OF BIRTH: [REDACTED] Margate (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: Vice Pres
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.)

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: None

Authority: [Signature] Date: 07/27/17

Dana E. Watson, Chief of Police

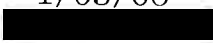


Business: 3659 SHARKEY'S BLVD. LOUNGE

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 . . : 
Business phone . . : 954 978-3062
Status/date . . . : A 1/05/06
Email address . . : dms1029@aol.comContractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . :
Email renewals . . :Owner InformationSHARKEY, T A
Total amount due . : 
Phone : 

Email address . :

Press Enter to continue.

F3=Exit F5=Display officers

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



**MARGATE POLICE DEPARTMENT
SPECIAL PERMIT FOR EXTENDED HOURS
ALCOHOLIC BEVERAGE SALES
INDICES CHECK**

Business Name: Sharkey's Blvd. Lounge

Owner's Name: T.A. Sharkey

Address: 5889 Margate Blvd

Phone #: 954-292-8697

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 07/01/16 to 07/01/17. (The annual period for renewals or modified period for conditional renewals).

1 Total number of calls for service

0 Number of violations, crimes and type (Attach police reports or other documentation)

0 Number of alcohol / tobacco violations (Attach police reports or other documentation)

Does the business have a permitted alarm? ☐ Yes ☒ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)

Does the business have a current City of Margate occupational license? ☒ Yes ☐ No

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Det. Michael Starkman
Background completed by

7/19/17
Date

Additional comments:

1-728 GALAS KA 7/19/17

ed. OK. T.O.T. Chief Watson for approval. Cpt. J. Shaw 07/26/17