

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 Cantinario N C LLC PHONE: (561) 563 3873
2. NAME OF BUSINESS ORGANIZATION: Cantinario N. C.
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 199 S. State Road 7 M Margate FL 33068
No. and Street City State Zip
4. APPLICANT'S NAME: Roger + Amaya PHONE: [REDACTED]
5. APPLICANT'S DATE OF BIRTH: [REDACTED] *(This line must be completed in order to process your request. If left blank, your form will be returned to you.)*
6. BUSINESS ENTITY: *Sole Proprietorship () *Partnership () * Corporation () *Limited Liability Corporation (LLC) ()* *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.*
7. TYPE OF LIQUOR LICENSE: Beers, wine & Tabaco 2COP
8. DATE: 6/20/17 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 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:

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

Date: *08/23/17*

OL100101

CITY OF MARGATE
Business Master Inquiry

6/27/17
17:35:35

Business: 7577 AMAYA'S CENTENARIO NIGHT CLUB, LLC

Business address

199 S STATE ROAD 7
MARGATE

FL 330685722

Mailing address

751 SW 7 ST. #2
POMPANO BEACH

FL 33060

Location ID . . . : 226598

Date opened . . . : 1/31/17

Federal tax ID . . . : [REDACTED]

Business phone . . . : 561 563-3873

Status/date . . . : A 2/01/17

Email address . . . :

Owner Information

Contractor flag . . . :

Type of ownership . . . : C

Secondary phone/type:

Type of business . . . :

Email renewals . . . :

Total amount due . . . : 00

Phone : [REDACTED]

Press Enter to continue.

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

----- STATEMENT -----

DATE: 6/28/17
ACCOUNT#: 7868

CENTENARIO NIGHT
199 S SR 7
MARGATE FL 33068

ALARM LOCATION:
199 S SR 7
MARGATE FL 33068

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

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: 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

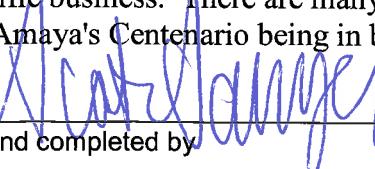
\$0 **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

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 

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

1. CORPORATE NAME: James Earl Duderick Post#157 INC AN LF 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 Meades Parkway Margate FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: Jeffrey Colby PHONE: ██████████
5. APPLICANT'S DATE OF BIRTH: ██████████ *(This line must be completed in order to process your request. If left blank, your form will be returned to you.)*
6. BUSINESS ENTITY: Sole Proprietorship Partnership Corporation Limited Liability Corporation (LLC) **If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.*
7. TYPE OF LIQUOR LICENSE: Sellies LLC
8. DATE: 6-19-2017 APPLICANT'S SIGNATURE: Jay O. S.
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>.

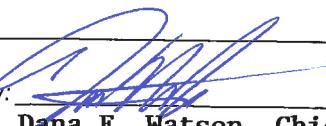
If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:

Recommend Approval
 Recommend Review by City Commission
 Recommend Rejection

Comments: None

Authority:  Date: 06/28/17

Dana E. Watson, Chief of Police

OL110I01

CITY OF MARGATE
License Master Inquiry6/19/17
09:16:18

Business control nbr 4410
License number 17 00005111
Pin number 5472
Business name & address
JAMES CARL FREDERICK POST 157
1791 MEARS PKWY
MARGATE FL 330633748
Classification 17801
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

Last activity:

Created: 10/25/16 by LHOFF

Mailing addressTHE AMERICAN LEGION
1791 MEARS PKWY

MARGATE FL 330633748

FEE WAIVED NON PROFIT

Date renewal printed
Date printed, reprinted 10/25/16
Prior license 16 00005111
Municipal code reference
Press Enter to continue.

F3=Exit

More...

F9=Additional requirements

F7=Miscellaneous information

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

Handwritten signature of Det. Julio O. Fernandez.

06-27-17

Date

Background completed by

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

Handwritten signature of L. Galaska.

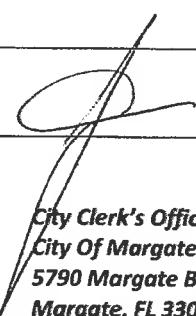
I reviewed this packet and found no concerns. *Cap MP 509
06/28/17*

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.	No. and Street	Margate	City	FL 33063 State Zip
4. APPLICANT'S NAME:	Jerry Marcopoulos			PHONE:	[REDACTED]
HOME ADDRESS:	[REDACTED]	No. and Street	[REDACTED]	City	State Zip
5. APPLICANT'S DATE OF BIRTH:	[REDACTED]	(This line must be completed in order to process your request. If left blank, your form will be returned to you.)			
6. BUSINESS ENTITY:	Sole Proprietorship <input type="checkbox"/> *Partnership <input type="checkbox"/> *Corporation <input type="checkbox"/> *Limited Liability Corporation (LLC) <input checked="" type="checkbox"/> *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:			
9. RETURN APPLICATION WITH \$150 FILING FEE TO:	<p><i>City Clerk's Office City Of Margate 5790 Margate Boulevard Margate, FL 33063</i></p>				
10. STATE BEVERAGE LICENSE NUMBER:	BEV1617953				

RECEIVED

MAY 30 2017

3087
CK # *3087* *INITIALS* 

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: _____ 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: Jerry Marcopoulos TITLE: Manager

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: Timothy Doherty TITLE: Manager

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.)*

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

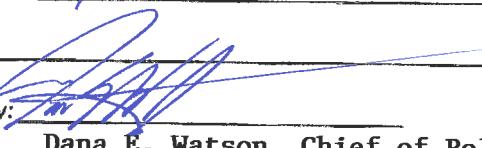


Recommend Review by City Commission



Recommend Rejection

Comments: None

Authority: 

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

* NEW JERSEY BAR ADMISSION

+ NEW YORK BAR ADMISSION

^ PENNSYLVANIA BAR ADMISSION

May 25, 2017

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

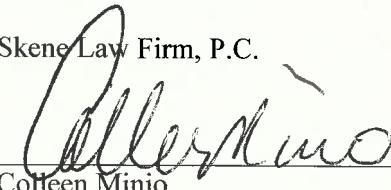
Dear Ms. Steadman:

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.


Coleen Minio
Paralegal

OL100101

CITY OF MARGATE
Business Master Inquiry

6/12/17
16:03:23

Business: 7205 APPLEBEE'S NEIGHBORHOOD GRILL & BAR

Business address

5377 W ATLANTIC BLVD
MARGATE

FL 33063

Mailing address

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

Location ID . . . : 235028

Date opened . . . : 9/28/15

Federal tax ID . . . :

Business phone . . . : 954 969-0866

Status/date . . . : A 9/29/15

Email address . . . : cminio@skenalawfirm.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@skenalawfirm.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: 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

06/21/17

Background completed by

Date

Additional comments:

L726 GACAS 11A
I reviewed this packet and found no concerns/ issues
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: 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 ST RT 7 Margate
No. and Street City FL 33068 State Zip
4. APPLICANT'S NAME: Thomas Read 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: 4COP
8. DATE: 5/24/17 APPLICANT'S SIGNATURE: Thomas Read
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
CKR INITIALS SL

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 Reno TITLE: Pres. vP, Sec-Trea

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:  Date: 06/28/17
Dana E. Watson, Chief of Police

OL100I01

CITY OF MARGATE
Business Master Inquiry

6/12/17

16:02:44

Business: 2658 BRADY'S IRISH PUB

Business 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 . . . : none

Owner InformationMailing address986 S STATE ROAD 7
MARGATE

FL 330682808

Contractor 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 F9=Display licenses
F12=Cancel 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:

L778 GALASHA
I reviewed this packet and found no issues/concerns.
CABTML 3017 06/28/17

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

884

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 No. and Street Margate City FL 33063 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: Bill

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. Parker 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>.

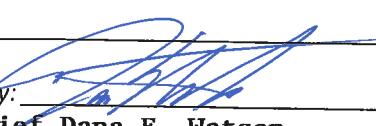
If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:

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

Comments: No comment.

Authority: 
Chief Dana E. Watson

Date: 08/23/17

OL100101

CITY OF MARGATE
Business Master Inquiry7/12/17
09:15:53

Business: 617 BRUNSWICK MARGATE LANES

Business address2020 N STATE ROAD 7
MARGATE

FL 330635712

Mailing address7313 BELL CREEK RD
ATTN: TAX & LICENSING
MECHANICSVILLE

VA 23111

Location ID . . . : 225706

Date opened . . . : 6/02/88

Federal tax ID . . . : [REDACTED]

Business phone . . . : 954 972-4400

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

Email address . . . : lgonzalez@amf.com

Owner Information

LEISERV LLC

Contractor flag . . . :

Type of ownership . . . : C

Secondary phone/type: 847 735-4580 EM

Type of business . . . :

Email renewals . . . :

Total amount due . . . : .00

Phone : [REDACTED]

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-

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

08/14/2017

Background completed by

Date

7/28/2017 8/17/17

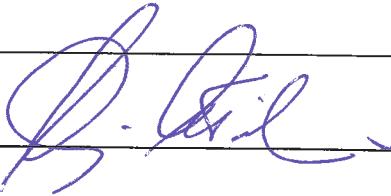
Office of the CITY CLERK
CITY OF MARGATE
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

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: J+D Goff Properties LLC PHONE: 954-753-3500
2. NAME OF BUSINESS ORGANIZATION: Carolina Club/McDivit'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: ██████████
5. APPLICANT'S DATE OF BIRTH: ██████████ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship Partnership Corporation Limited Liability Corporation (LLC)
If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: GC
8. DATE: 7.5.16 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: Ben 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: 
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:

John Blanton

Background completed by

8/2/17

Date

Additional comments:

Blanton 8/17/17

OL100I01

CITY OF MARGATE
Business Master Inquiry

7/12/17
11:23:20

Business: 2270 CAROLINA COUNTRY CLUB

Business address
3011 N ROCK ISLAND RD
MARGATE FL 33063

Mailing address
3011 N ROCK ISLAND RD
MARGATE FL 33063

Location ID . . . : 232222

Contractor flag . . . :

Date opened . . . : 8/18/94

Type of ownership . . . : C

Federal tax ID . . . : [REDACTED]

Secondary phone/type:

Business phone . . . : 954 753-3500

Type of business . . . :

Status/date . . . : A 11/18/02

Email renewals . . . :

Email address . . . :

Total amount due . . . : 00
Phone : [REDACTED]

Owner Information

PACE, JOE

[REDACTED]
Email address . . . :

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#: 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: Alejoro Tobar PHONE: [REDACTED]
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship Partnership Corporation Limited Liability Corporation (LLC) *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 2 COP [REDACTED]
8. DATE: 7-6-17 APPLICANT'S SIGNATURE: [REDACTED]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:

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

RECEIVED
10. STATE BEVERAGE LICENSE NUMBER BEV16016170 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: A)Nero 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: T. 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: [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.

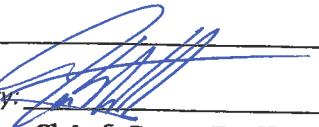
OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:

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

Comments: No comment.

Authority:


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

OL100I01

CITY OF MARGATE
Business Master Inquiry

7/12/17
09:16:15

Business: 861 EL BALCON DE LAS AMERICAS INC

Business address

7932 W SAMPLE RD #1
MARGATE

FL 330654712

Mailing address

7932 W SAMPLE RD
MARGATE

FL 330654712

Location ID . . . : 228612

Date opened . . . : 6/05/01

Federal tax ID . . . : [REDACTED]

Business phone . . . : 954 346-4590

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

Email address . . . : kasper66@comcast.net

Contractor flag . . . :

Type of ownership . . . : C

Secondary phone/type: 561 483-3561 EM

Type of business . . . :

Email renewals . . . :

Total amount due . . . : .00

Phone . . . : [REDACTED]

Owner Information

TOBAR, ALVARO

[REDACTED]
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: 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

8/02/2017

Background completed by

Date

Additional comments:

L728 GA-AS/22 8/7/17

*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

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: _____ 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: Ydalisa Arias TITLE: CO-OWNER

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.)

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

OL100I01

CITY OF MARGATE
Business Master Inquiry

7/12/17

09:14:57

Business: 6822 EL BOHIO DE MAMA RESTAURANT

Business address

2179 N STATE ROAD 7
MARGATE

FL 330635713

Mailing address

A & L LUCELIS CORP

2179-2181 N STATE ROAD 7
MARGATE

FL 330635713

Location 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.com

Contractor flag . . . :

Type of ownership . . . : C

Secondary phone/type:

Type of business . . . :

Email renewals . . . :

Total amount due . . . : 00

Phone : [REDACTED]

Owner Information

SOLIMAN, ANITO R

[REDACTED]
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

JOF

08-14-17

Date

Additional comments:

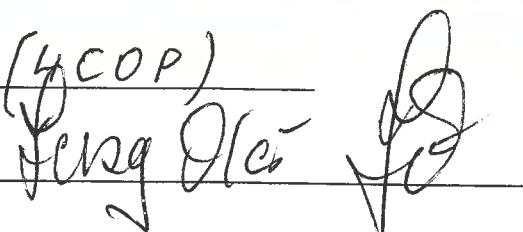
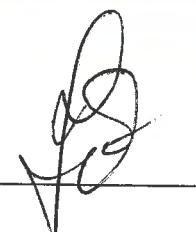
L728GAASAB 8/17/17

*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: 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 No. and Street City FL, 33063 State Zip
4. APPLICANT'S NAME: JERZY OLES PHONE: ██████████
5. APPLICANT'S DATE OF BIRTH: ██████████ *(This line must be completed in order to process your request. If left blank, your form will be returned to you.)*
6. BUSINESS ENTITY: *Sole Proprietorship () *Partnership () *Corporation () *Limited Liability Corporation (LLC) ()* *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.*
7. TYPE OF LIQUOR LICENSE: BEV 1600494 (4COP) 
8. DATE: 6-6-17 APPLICANT'S SIGNATURE: Jerzy Oles 
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
*City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063*
10. STATE BEVERAGE LICENSE NUMBER BEV 1600494

RECEIVED

JUN 12 2017

1208
CK# INITIALS 

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: _____ 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:  Date: 06/28/17
Dana E. Watson, Chief of Police

OL100I01

CITY OF MARGATE
Business Master Inquiry

6/12/17
16:04:31

Business: 2976 GERRI'S SPORTS PUB

Business address

6500 W ATLANTIC BLVD
MARGATE

FL 330635135

Location ID . . . : 228930

Date opened . . . : 5/24/04

Federal tax ID . . . :

[REDACTED]

Business phone . . . : 954 972-6266

Status/date . . . : A 5/24/04

Email address . . . : 1955oles@comcast.net

Owner Information

OLES, JERZY

Mailing address

MAGIN, INC.

6500 W ATLANTIC BLVD

MARGATE FL 330635135

Contractor flag . . . :

Type of ownership . . . : C

Secondary phone/type:

Type of business . . . :

Email renewals . . . :

Total amount due . . . : .00

Phone : [REDACTED]

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.
COT 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

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

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:  Date: 08/23/17
Chief Dana E. Watson

OL100I01

CITY OF MARGATE
Business Master Inquiry

7/12/17
09:14:08

Business: 3965 GOLDCHOICE BALLROOM

Business address

345 S STATE ROAD 7
MARGATE

FL 330685704

Mailing address

GOLD CHOICE PRODUCTION, INC.
343-345-347 S STATE ROAD 7
MARGATE FL 330685704

Location ID . . . : 230988

Contractor flag . . . :

Date opened . . . : 8/18/06

Type of ownership . . . : C

Federal tax ID . . . : [REDACTED]

Secondary phone/type . . . :

Business phone . . . : 954 984-9544

Type of business . . . :

Status/date . . . : A 8/18/06

Email renewals . . . :

Email address . . . : willy.goldchoice@yahoo.com

Total amount due : .00

Owner Information

JEAN-JACQUES, WILLY A

Phone : [REDACTED]

[REDACTED]
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: 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

08/02/17

Background completed by

Date

Additional comments:

L728 GAC AS/NAS 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

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

10. STATE BEVERAGE LICENSE NUMBER BEV1600318

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: Date: 28/23/17

Date: 08/23/17

Chief Dana E. Watson

OL100101

CITY OF MARGATE
Business Master Inquiry

7/12/17
16:05:56

Business: 5408 GUAPO'S COCKTAIL BAR & LOUNGE

Business address

2160 MEARS PKWY
MARGATE

FL 33063

Mailing address

LUNA ENTERTAINMENT GROUP INC.
2160 MEARS PKWY
MARGATE

FL 33063

Location 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

Contractor flag . . . :

Type of ownership . . . : C

Secondary phone/type:

Type of business . . . :

Email renewals . . . :

Total amount due : .00

Phone : [REDACTED]

Owner Information

CONTRERAS, EVER

[REDACTED]
[REDACTED]
Email address . . . :

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#: 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/REINSTATEMENT FEE POLICE ALARM	25.00
04/23/2010		PAYMENT CHECK	25.00

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:

L728G0054 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: 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 KONGNOKKHUN 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 () *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: Precha
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# 4043 INITIALS JF

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: PREECHAI HONGNOKHUN 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 (HONGNOKHUN 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 HONGNOKHUN 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

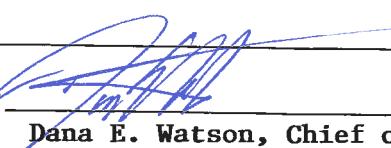
POLICE DEPARTMENT REVIEW:

Recommend Approval

Recommend Review by City Commission

Recommend Rejection

Comments: None

Authority:  Date: 06/28/17

Dana E. Watson, Chief of Police

OL100I01

CITY OF MARGATE
Business Master Inquiry

6/12/17
16:04:08

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

Business address

1785 N STATE ROAD 7
MARGATE

FL 330635705

Mailing address

1785 LLC
1785 N STATE ROAD 7
MARGATE

FL 330635705

Location 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.com

Owner Information

HONGNOPKHUN, PREECHA (PETER)

Contractor flag . . . :

Type of ownership . . . : C

Secondary phone/type:

Type of business . . . :

Email renewals . . . :

Total amount due . . . : .00

Phone : [REDACTED]

[REDACTED]
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: Jasmine Thai and Chinese Restaurant Owner's Name: Preecha Hongnophkun

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
11286AC3147 I reviewed this packet and found no concerns,
Capt. M. Oh 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

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

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

OL100I01

CITY OF MARGATE
Business Master Inquiry

6/22/17
08:49:48

Business: 5102 MASTERS BILLIARDS

Business address

201 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.com

Owner Information

AVILA, INGRID C

Mailing address

JAWIL ENTERPRISES CORP.

7875 MARGATE BLVD BLDG 1 #201

MARGATE

FL 33063

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 F9=Display licenses
F12=Cancel 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:

Background completed by Dex M. W. 3381

Date 7/5/17

Additional comments:

L7286 ALASKA Cart n/a
7/10/17 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

1. CORPORATE NAME: Jackson 06 Inc PHONE: 9549172855

2. NAME OF BUSINESS ORGANIZATION: _____
(Name which the business operates under/fictitious name/DBA)
JESSE'S XTREME SPORTS BAR
5442 W. ATLANTIC Blvd.
MARGATE, FL 33063

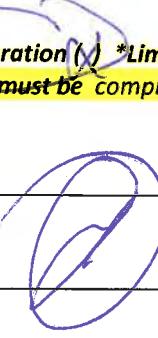
3. ADDRESS: _____
No. and Street 9549172855 City _____ State Zip _____

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 *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 WALCUTT 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 SCAFFTA 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: Chief Dana E. Watson Date: 08/23/17

----- STATEMENT -----

DATE: 6/14/17
ACCOUNT#: 7423

JESSIE'S BAR
5438 W ATLANTIC BLV
MARGATE FL 33063

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

OL100101

CITY OF MARGATE
Business Master Inquiry

6/12/17
16:04:47

Business: 4096 JESSE'S XTREME SPORTS BAR

Business address

5438 W ATLANTIC BLVD
MARGATE

FL 330635215

Mailing address

5438 W ATLANTIC BLVD
MARGATE

FL 33063

Location ID . . . : 228870

Date opened . . . : 10/13/06

Federal tax ID . . . : [REDACTED]

Business phone . . . : 954 650-4466

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

Email address . . . : jessesxtreme@bellsouth.net

Contractor flag . . . :

Type of ownership . . . : C

Secondary phone/type:

Type of business . . . :

Email renewals . . . :

Total amount due . . . : .00

Phone . . . : [REDACTED]

Owner Information

WALCUTT, JESSE
[REDACTED]

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: 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:

7864 AS 8/7/17

*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

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: [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: [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] Date: 08/24/17
Chief Dana E. Watson

OL100I01

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

Contractor flag . . . :

Date opened . . . : 2/14/05

Type of ownership . . . : C

Federal tax ID . . . : [REDACTED]

Secondary phone/type:

Business phone . . . : 561 302-0734

Type of business . . . :

Status/date . . . : A 2/15/05

Email renewals . . . :

Email address . . . : snafu808@bellsouth.net

Total amount due . . . : .00

Owner Information

Phone

JOHNSON, STEPHEN C

[REDACTED]
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:

1388 N SR 7/23/17

----- STATEMENT -----

DATE: 7/24/17
ACCOUNT#: 5290

O'MALLEYS
1388 N SR 7
MARGATE FL 33063

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

4

Renewal Application

1. CORPORATE NAME:	<u>PALADIUM SIGHT BAR AND LOUNGE LLC</u> - PHONE: <u>305) 244-3467</u>		
2. NAME OF BUSINESS ORGANIZATION:	<u>PALADIUM SIGHT BAR AND LOUNGE LLC</u> (Name which the business operates under/fictitious name/DBA)		
3. ADDRESS:	<u>56 88 W SAMPLE RD MARGATE FL 33073</u>	No. and Street	City
			State Zip
4. APPLICANT'S NAME:	<u>KITTY CHANCE MARCELLINE</u> PHONE: <u>██</u>		
HOME ADDRESS:	<u>██</u>	No. and Street	City
			State Zip
5. APPLICANT'S DATE OF BIRTH:	<u>██</u>	(This line must be completed in order to process your request. If left blank, your form will be returned to you.)	
6. BUSINESS ENTITY:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> *Partnership <input type="checkbox"/> * Corporation <input type="checkbox"/> *Limited Liability Corporation (LLC) <input checked="" type="checkbox"/> *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:	<u>4 COP</u>		
8. DATE:	<u>6-26-17</u>	APPLICANT'S SIGNATURE: <u>KITTY CHANCE MARCELLINE</u>	
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	<u>BEV1622204</u>		

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: MAJOR MEMBER

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: [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: [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:

Donald E. Watson Chief of Police Date: 06/28/17

OL100I01

CITY OF MARGATE
Business Master Inquiry6/26/17
13:18:00

Business: 7668 PALADIUM SPORTS BAR & LOUNGE

Business address5688 W SAMPLE RD
MARGATE

FL 330733446

Mailing address5688 W SAMPLE RD
MARGATE

FL 330733446

Location ID . . . : 229804

Date opened . . . : 5/15/17

Federal tax ID . . . : [REDACTED]

Business phone . . . : 305 244-3467

Status/date . . . : A 5/15/17

Email address . . . : marcelluskitt@gmail.com

Owner InformationMARCELLUS. KITT-CHANCE
[REDACTED]

Contractor flag . . . :

Type of ownership . . . : C

Secondary phone/type . . .

Type of business . . .

Email renewals . . .

Total amount due . . . : 48.13

Phone . . . : [REDACTED]

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:

JH
F reviewed the packet and there are no issues or concerns.
Cort M. John 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 City FL 33065
No. and Street State Zip
4. APPLICANT'S NAME: JEAN LAURENT PHONE: ██████████
5. APPLICANT'S DATE OF BIRTH: ██████████ *(This line must be completed in order to process your request. If left blank, your form will be returned to you.)*
6. BUSINESS ENTITY: Sole Proprietorship *Partnership *Corporation *Limited Liability Corporation (LLC) *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.*
7. TYPE OF LIQUOR LICENSE: 4COP SFS
8. DATE: 07/10/17 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 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:

Chief Dana E. Watson

Date: *08/23/17*

OL100I01

CITY OF MARGATE
Business Master Inquiry

7/12/17
09:12:33

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

Location 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.com

Owner Information

LAURENT, JEAN R

Contractor flag . . . :

Type of ownership . . . : C

Secondary phone/type:

Type of business . . . :

Email renewals . . . :

Total amount due . . . :

Phone :

00

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:

C728BACASE# 8/7/17

OL102I01

CITY OF MARGATE
Business License Selection8/02/17
14:56:27

Business: 7108 PARROT COVE ISLAND BAR & GRILL

Business address8000 W SAMPLE RD
MARGATE FL 330654714Mailing addressBLUE 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/REINSTATEMENT 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: SAIGON DELI, INC PHONE: (954) 975-2426
2. NAME OF BUSINESS ORGANIZATION: SAIGON 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: A-GOP
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 BEV 1618538

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 TITLE: President

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>.

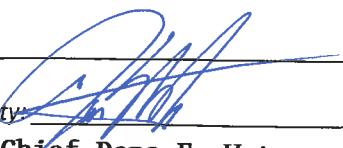
If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

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

----- STATEMENT -----

DATE: 7/24/17
ACCOUNT#: 7196

SAIGON CUISINE
1394 N SR 7
MARGATE FL 33063

ALARM LOCATION:
1394 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

OL100I01

CITY OF MARGATE
Business Master Inquiry

7/12/17

09:15:35

Business: 4076 SAIGON CUISINE/VIETNAMESE REST

Business address

1392 N STATE ROAD 7
MARGATE

FL 330632836

Mailing address

SAIGON DELI, INC.

1392-1396 N STATE ROAD 7
MARGATE

FL 330632836

Location ID . . . : 231424

Contractor flag . . . :

Date opened . . . : 10/16/06

Type of ownership . . . : C

Federal tax ID . . . :

Secondary phone/type:

Business phone . . . : 954 975-2426

Type of business . . . :

Status/date . . . : A 10/24/06

Email renewals . . . :

Email address . . . : saigon2426@comcast.net

Total amount due . . . : .00

Owner Information

Phone . . . : [REDACTED]

LE, YOUNG

[REDACTED]

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: 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

08/08/2017

Background completed by

Date

Additional comments:

L728 GA 0500 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: Sharkey's 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: T. A & Dawn Sharkey 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 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: A. Sharkey
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. Sharkeel TITLE: Pres.

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: Dawn Sharkeel TITLE: Vice Pres

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: ██████████ Date: 07/27/17

Dana E. Watson, Chief of Police

OL100I01

CITY OF MARGATE
Business Master Inquiry

6/27/17
17:35:09

Business: 3659 SHARKEY'S BLVD. LOUNGE

Business address

5889 MARGATE BLVD
MARGATE

FL 330632834

Mailing address

5889 MARGATE BLVD
MARGATE

FL 330632834

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

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

Total amount due . . . : 00
Phone : [REDACTED]

Owner Information

SHARKEY T.A.

[REDACTED]
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: 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:

128 GALASHA 7/19/17

2. OK. T.O.T. Chief Watson for approval. Capt. J. Shore 07/26/17