

TYPE OF APPLICATION	
<input checked="checked" type="checkbox"/> Temporary Permit	<input type="checkbox"/> Special Sales License

SECTION 1A: APPLICANT INFORMATION			
Full Name of Applicant(s) The permit will be issued in the name of the applicant as provided on the application. ST. VINCENT CATHOLIC CHURCH			
Applicant Mailing Address 6350 NW 18TH STREET			
City MARGATE	County BROWARD	State FL	Zip Code 33063
Applicant Telephone Number 954-972-0434		Applicant E-mail Address stvincentcatholicchurch@gmail.com	
Corporation or Other Legal Entity If the applicant is a corporation or other legal entity, enter the name and the document number related to the legal entity as registered with the Florida Department of State Division of Corporations.			
FEIN Number 59-105-612 3		Florida Department of State Document Number	

SECTION 1B (OPTIONAL): DESIGNATED CONTACT			
A contact person must be designated below if the applicant prefers to designate a person other than the applicant to receive and reply to Division communications regarding this application. The designated contact person will be permitted to make changes to the application paperwork on behalf of the applicant, and the Division will communicate directly with the contact person regarding the application. The applicant will not be copied on communications from the Division to the designated contact. It is the responsibility of the applicant to inform the Division if there is a change of designated contact and/or to the contact information of the designated contact.			
Full Name of Designated Contact FR. CARLOS ANDRES REYES			
Designated Contact Mailing Address 6350 NW 18TH STREET			
City MARGATE	County BROWARD	State FL	Zip Code 33063
Designated Contact E-mail Address stvincentcatholicchurch@gmail.com		Designated Contact Telephone Number 954-972-0434 Ext.	

SECTION 2: DATES AND LOCATION FOR PERMIT OR LICENSE**Dates of Active Use for Temporary Permit or Special Sales License**

Provide the date(s) of the event or sale when the permit or license will be effective. The dates provided may not exceed three days.

Day 1

JUNE 3, 2023

Day 2

JUNE 4, 2023

Day 3

Address for Physical Location of Temporary Event or Special Sales Event

6350 NW 18TH STREET

City

MARGATE

County

BROWARD

State

FL

Zip Code

33063

Is the event location currently licensed for sales of alcoholic beverages under a permanent license issued by the Division? Yes ☐ No ☐ If yes, obtain attestation of permanent license holder in Section 8.

SECTION 3: SALES TAX CERTIFICATION**TO BE COMPLETED BY THE FLORIDA DEPARTMENT OF REVENUE****Full Name of Applicant(s)**

ST. VINCENT CATHOLIC CHURCH

Florida Department of Revenue Verification of Registration

The named applicant(s) for a temporary permit or special sales license has complied with Florida Statutes concerning registration for Sales and Use Tax and has paid or agreed to pay any applicable taxes due.

Authorized Agency Signature

Printed Name

Title

Date

DEPARTMENT OF REVENUE

SECTION 4: LOCAL ZONING APPROVAL			
TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING THE TEMPORARY EVENT LOCATION			
Location of Temporary Event			
Street Address			
6350 NW 18th Street			
City	County	State	Zip Code
Margate	Broward	FL	33063
Local Zoning Approval			
The location of the temporary event complies with local ordinances for the temporary sale of alcoholic beverages based on the information supplied by the applicant in this application.			
Authorized Agency Signature _____			
Printed Name _____			
Title _____			
Date _____			

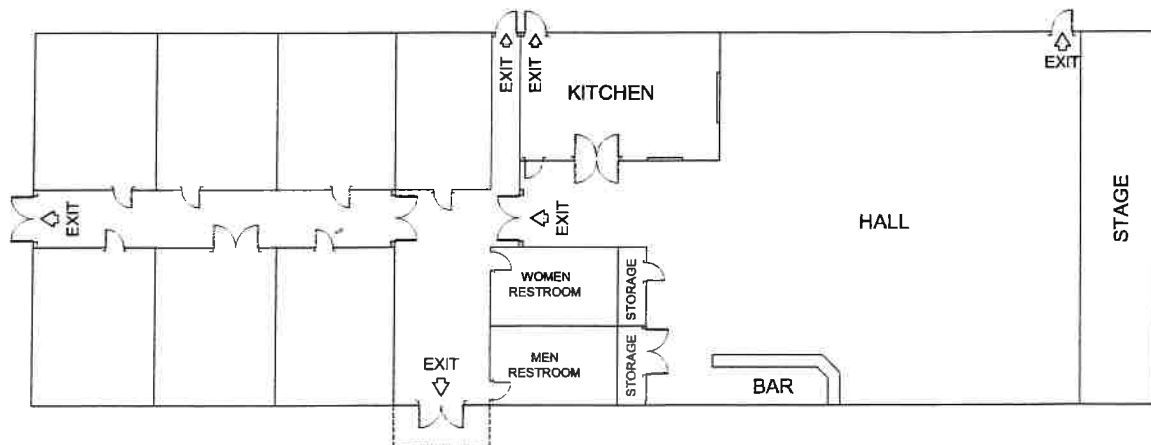
SECTION 5: DESCRIPTION OF PREMISES OF TEMPORARY EVENT**Full Name of Applicant(s)**

ST. VINCENT CATHOLIC CHURCH

Name or Title of Temporary Event

BRAZILIAN FESTIVAL

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



SECTION 6: AFFIDAVIT OF APPLICANT FOR TEMPORARY PERMIT NOTARIZATION REQUIRED

Full Name of Applicant(s)

ST. VINCENT CATHOLIC CHURCH

"The applicant requesting the permit in the above and foregoing application is a nonprofit civic organization, charitable organization, municipality or county, and the permit, if used, will be used only by the applicant organization on the date(s) requested and at the location stated. By acceptance of this permit, the applicant agrees that, as a nonprofit or civic organization, all net profits from sales of alcoholic beverages during the permitted period will be retained by it, or, as a municipality or county, all net profits from sales of alcoholic beverages during the permit period will be donated to a nonprofit civic or charitable organization within 90 days after the permitted event. As a municipality or county, the applicant attempted to solicit a qualified nonprofit civic or charitable organization to conduct such sales for the permitted event but has been unable to find such a qualifying nonprofit civic or charitable organization in a reasonable and practicable manner and timeframe. The applicant organization has not received more than twelve (12) permits within the calendar year, unless otherwise authorized by law, and the applicant agrees that the location may be inspected and searched during the time that the permit is issued and business is being conducted without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, Deputies, and Police Officers for purposes of determining compliance with the Florida Beverage Law.

I, the undersigned individual, or if a corporation, for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I swear under oath or affirmation under penalty of perjury as provided for in sections 559.791, 562.45, and 837.06, Florida Statutes, that the foregoing information is true and correct."


 Signature of Applicant/Affiant

STATE OF

FLORIDA

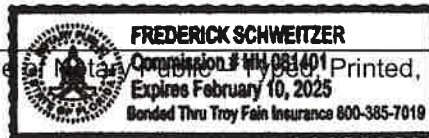
COUNTY OF

BROWARD

Sworn to (or affirmed) and subscribed before me this 6 day of FEBRUARY, 20 23,
by FR. CARLOS ANDRES REYES (print affiant name).

(*λ*) Personally Known
 () Produced Identification

Type of Identification Produced _____


 Signature of Notary Public – State of Florida


Name of Notary Public: _____ Printed, or Stamped

(NOTARY SEAL)

Commission Expires: _____

FOR DIVISION USE ONLY

DATE ACCEPTED BY DISTRICT OFFICE:

SECTION 7: AFFIDAVIT OF APPLICANT FOR SPECIAL SALES LICENSE

NOTARIZATION REQUIRED

Full Name of Applicant(s)

ST. VINCENT CATHOLIC CHURCH

"As the applicant requesting the special sales license in the above and foregoing application, I understand that this license allows package sales in sealed containers for a period of up to three days, and does not permit the sale of alcoholic beverages for consumption on the premises. I agree that the location may be inspected and searched during the hours that the special sale is being conducted without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, Deputies, and Police Officers for purposes of determining compliance with the Florida Beverage Law.

I, the undersigned individual, or if a corporation, for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I swear under oath or affirmation under penalty of perjury as provided for in sections 559.791, 562.45, and 837.06, Florida Statutes, that the foregoing information is true and correct."


 Signature of Applicant/Affiant
STATE OF FloridaCOUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 6 day of February, 2023,
 by Fr. Carlos Andres Reyes. (print affiant name).

☒ Personally Known☐ Produced Identification

Type of Identification Produced _____


 Signature of Notary Public – State of Florida

Name of Notary Public _____



(NOTARY SEAL)

Commission Expires _____

FOR DIVISION USE ONLY

DATE ACCEPTED BY DISTRICT OFFICE:

SECTION 8: ATTESTATION BY PERMANENT LICENSE HOLDER FOR USE OF LICENSED PREMISES AS A PERMITTED TEMPORARY EVENT

An attestation is to be obtained from the current, permanent alcoholic beverage license holder when the temporary event of the applicant nonprofit civic organization, charitable organization, municipality, or county is hosted at a location that is permanently licensed by the Division of Alcoholic Beverages & Tobacco for the sale of alcoholic beverages.

NOTE: The attestation must have the original signature of the alcoholic beverage license holder (only persons on file with the Division may sign) and must be submitted by the nonprofit civic organization, charitable organization, municipality, or county as part of the application for the Temporary Permit.

Full Name of Permanent License Holder at Temporary Event Location

ST VINCENT CATHOLIC CHURCH

Business Name (D/B/A)

ST VINCENT CATHOLIC CHURCH

License Number

Series of Permanent License

Series Type:

Contact Person for Permanent License Holder

Contact Person Telephone Number

FR. CARLOS ANDRES REYES

954-972-04 **Ext.**

Contact Person E-mail Address

stvincentcatholicchurch@gmail.com

Name of Applicant for Temporary Permit

ST. VINCENT CATHOLIC CHURCH

Date(s) of Temporary Event

Day 1

Day 2

Day 3

JUNE 3, 2023

JUNE 4, 2023

A temporary permit is being requested for an event to be held on your licensed premises. During the permitted dates and times of the event, no sales or service of alcoholic beverages may be made under your permanent alcoholic beverage license in the area identified for use by the temporary permit applicant in Section 5 of this application. Failure to comply may result in administrative charges being filed against your license.



Signature of Permanent License Holder at Temporary Event Location

Date Feb 6, 2023

FR. CARLOS Andres Reyes

Printed Name of Permanent License Holder at Temporary Event Location