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	on <u>/</u> Renewa	d Application		
1.	CORPORATE NAME: Jasmine Thai and Chine	ese Restaurant PHONE:	954-979-5530		
2.	NAME OF BUSINESS ORGANIZATION: Jasmine That Restaurant (Name which the business operates under/fictitious name/DBA)				
3.	ADDRESS: 1785 N. State Rd. 7 No. and Street	<u>Margate</u>	FL 33063 State Zip		
4.	APPLICANT'S NAME: Preecha Hongnopkhi	un PHONE:	(
	HOME ADDRESS:	Margale	FL 33063 Stote Zip		
5 .	APPLICANT'S DATE OF BIRTH: your request. If left blank, your form will be returned to you.)	(This line must b	oe completed in order to process		
	BUSINESS ENTITY: Sole Proprietorship (*) *Partnership (*) * Country business is partnership or corporation the reverse side of this for from will be returned to you.				
7.	TYPE OF LIQUOR LICENSE: 2 COP				
8.	DATE: 4/9/15 APPLICANT'S SIGNATURE:	LABOUT 1			
9 .	RETURN APPLICATION WITH \$150 FILING FEE YO:	City Clerk's Office City Of Margate 5790 Margate Boulevard Margate, FL 33063	ı		
10.	STATE BEVERAGE LICENSE NUMBER BEV 16135	519			

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

NAME:

PREECHA HONGNOPK HUN TITLE: President

HOME ADDRESS	: Margate, FL 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:	N/A 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:	N/ATITLE:
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.)
website, If any of the liste	birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations http://www.sunbiz.org. ed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the tate where the felony took place and the law enforcement agency involved.
OFFICE USE	
	TMENT REVIEW:
/	Recommend Approval
	Recommend Review by City Commission
	Recommend Rejection
Commen	ts: Busness owner needs alarm permit; we will notify. Otherwise
	ommegd approval.
Authority	



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

Business Name: Jasmine Thai and Chinese Restaurant Owner's Name: Preecha Hongnopkhun Address: 1785 North State Road 7, Margate, FL 33063 Phone #: 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: That said arrest/charge relates to the conduct of the licensee's present business? ⊠ No Yes 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: That said conviction relates to the conduct of the licensee's present business? Yes ⊠ No If yes, explain: 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: 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 4/9/14to 4/9/15. (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 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? X Yes Does the business have a current State of Florida alcoholic beverage license? Does the business have any open or historical code compliance issues? Yes Explain: Kris Miller, Investigative Assistant Background completed by Additional comments:

Currently does not have an alarm permit. They will be notified to update permit.

Be notified to update permit.

Rec. SU#3057,04/15/15, OK", TOT Deputy Crief Bowelli Additional comments:

OL100I01

CITY OF MARGATE Business Master Inquiry

4/14/15 09:35:16

Business: 6329 Business address	JASMINE THAI & CHIN	ESE REST., INC. <u>Mailing address</u>	
1785 N STATE ROAD 7		1785 LLC	
MARGATE	FL 330635705	1785 N STATE ROAD 7	
I ID		MARGATE	FL 330635705
Location ID ;		Contractor flag :	
Date opened :		Type of ownership . :	C
Federal tax ID . :		Secondary phone/type:	
Business phone . :	954 979-5530	Type of business .:	
Status/date :	A 1/03/13	Email renewals .	
Email address :	peter@jasminethai-s	sushi.com	
Owner Information		Total amount due .:	.00
HONGNOPKHUN, PREEC	CHA (PETER)	Phone :	.00
	·		

MARGATE FL 33063

Email address . :
Press Enter to continue.
F3=Exit F5=Display officers

F7=Miscellaneous information F9=Display licenses F12=Cancel F24=More keys