

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

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

Please check one of the following: New Application _____

Renewal Application ☒

1. CORPORATE NAME: J & D Golf Properties LLC PHONE: 954 753-3580
2. NAME OF BUSINESS ORGANIZATION: Carolina Club / McDivitt's Restaurant
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 3011 N. Rock Island Rd Margate FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: Celestino Avila PHONE: _____
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: Dual license
8. DATE: 6.11.15 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 0211667460

RECEIVED

JUN 16 2015

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

DISTRICT B

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: _____

Authority: _____

DCH P. Bob
FOR WATSON

Date: _____

7/1/15



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIV OF ALCOHOLIC BEVERAGES & TOBACCO
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

850.487.1395

J&D GOLF PROPERTIES LLC
CAROLINA CLUB /MCDIVOTS RESTAURANT
3011 ROCK ISLAND ROAD
MARGATE FL 33063

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIV OF ALCOHOLIC BEVERAGES & TOBACCO

LICENSE NUMBER	SERIES	TYPE	TOBACCO
BEV1607460	4COP	SRX	DUAL LICENSE

The RETAILER OF ALCOHOLIC BEVERAGES
Named below IS LICENSED

Under the provisions of Chapter 561 FS.

Expiration date: MAR 31, 2016

CONSUMPTION ON PREMISES ONLY

J&D GOLF PROPERTIES LLC
CAROLINA CLUB /MCDIVOTS RESTAURANT
3011 ROCK ISLAND ROAD
MARGATE FL 33063



CANNOT MOVE FROM
THIS LOCATION



ISSUED: 03/11/2015

DISPLAY AS REQUIRED BY LAW

SEQ # L1503110003235



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Carlinia Club JD Golf Properties LLC Owner's Name: Joseph Pace
Address: 3011 N Rock Island Rd Phone #: 954-255-0808

- 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:
- 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:
- 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:
- 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 11/14 to 6/15. (The annual period for renewals or modified period for conditional renewals).

11 Total number of calls for service

0 Number of violations, crimes and type (Attach police reports or other documentation)
No Written Reports

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 Christina / 3387

Date 7/1/15

Additional comments:

No calls regarding crime in connection with licenses. MISC calls, disturbances, alarms and damage on golf course.

77

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
561-302-1971
2. NAME OF BUSINESS ORGANIZATION: El Balcon de Las Americas
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 7932 W. Sample Road, Margate, FL 33065
No. and Street City State Zip
4. APPLICANT'S NAME: Alvaro Tobar PHONE: [REDACTED]
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership ☒ *Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 2COP
8. DATE: 6/24/15 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER: BEV1616170

RECEIVED

JUN 29 2015

[Signature] 7/24/15
Admin - law review
OK

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

NAME: Alvaro Tobar

TITLE: President

HOME ADDRESS: _____

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: Debbie Tobar

TITLE: V.P.

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

DISTRICT B

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: None

Authority: _____

Dana E. Watson, Chief of Police

Date: _____

July 21, 2015

OL100IQ1

CITY OF MARGATE
Business Master Inquiry

6/29/15
15:02:53

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 . . : ~~00000000~~
Business phone . . : 954 346-4590
Status/date . . . : A 10/09/01
Email address . . : kasper66@comcast.net

Owner Information

TOBAR, ALVARO
10871 NW 69TH PL

Contractor flag . . :
Type of ownership . : C
Secondary phone/type: 561 483-3561 EM
Type of business . . :
Email renewals . . :
Total amount due . . : .00
Phone : 561 302-2643

PARKLAND FL 330761826

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=Cancel

F9=Display licenses
F24=More keys



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: EL BALCON DE LAS AMERICAS Owner's Name: ALVARO TOBAR

Address: 7932 W. SAMPLE RD

Phone #: 954 346 4590 / 561 302 197

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 6/24/14 to 6/24/15. (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:

Det. Jared Schuyt #3396
Background completed by

7/14/15
Date

Additional comments:

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

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

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

1. CORPORATE NAME: A & L Lucelin Corp PHONE: _____
2. NAME OF BUSINESS ORGANIZATION: E L Bohio De Mama Rest.
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 2129-2181 N. State RD 7 MARGATE FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: ANITO RODRIGUEZ 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 2 COP
8. DATE: 6-18-15 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-16-21182. 2 COP

RECEIVED

JUN 18 2015

(P) 7/14/15
OK - PLANNING

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 RODRIGUEZ TITLE: OWNER

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

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

NAME: YDALISA ARIAS TITLE: CO-OWNER

HOME ADDRESS: [REDACTED] 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

DISTRICT B

POLICE DEPARTMENT REVIEW:

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

Comments: None

Authority: [Signature]
Date: July 14, 2015
Dana E. Watson, Chief of Police

2:33:07 PM 7/8/2015

Licensee Details

Licensee Information

Name: **A & L LUCELIS CORP (Primary Name)**
EL BOHIO DE MAMA RESTAURANT (DBA Name)

Main Address: **2179-2181 N STATE RD 7**
MARGATE Florida 33063

County: **BROWARD**

License Mailing:

LicenseLocation: **2179-2181 N STATE RD 7**
MARGATE FL 33063

County: **BROWARD**

License Information

License Type: **Retail Beverage**

Rank: **2COP**

License Number: **BEV1621182**

Status: **Current,Active**

Licensure Date: **08/14/2014**

Expires: **03/31/2016**

Special Qualifications **Qualification Effective**

Invoice Sent **08/27/2014**

Alternate Names

[View Related License Information](#)

[View License Complaint](#)

[1940 North Monroe Street, Tallahassee FL 32399](#) :: Email: **[Customer Contact Center](#)** :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our **[Chapter 455](#)** page to determine if you are affected by this change.



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: El Bohio De Mama

Owner's Name: Anito Rodriguez

Address: 2179-2180 N. SR7

Phone #: 786-447-3785

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 12/9/14 to 04/08/15 (The annual period for renewals or modified period for conditional renewals).

Total number of calls for service 4

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

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:

Background completed by FAVATA

Date 7/14/15

Additional comments:

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: Partnership II PHONE: 954 973 3400
2. NAME OF BUSINESS ORGANIZATION: Cafe Vincenzo
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5801 Margate Blvd Margate FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: William McDonald PHONE: [REDACTED]
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation () *Limited Liability Corporation (LLC) (☒)*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4 COP SRX
8. DATE: 7-15-15 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 BEU1620131

RECEIVED JUL 15 2015

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

DISTRICT _____

POLICE DEPARTMENT REVIEW:

☒

Recommend Approval

☐

Recommend Review by City Commission

☐

Recommend Rejection

Comments: None

Authority: _____

Dana E. Watson, Chief of Police

Date: _____

August 24, 2015

OL110I01

CITY OF MARGATE
License Master Inquiry

7/15/15
17:11:16

Business control nbr . : 6008
License number : 15 00007058
Pin number : 2864

Last activity:

Created: 04/13/15 by PEARLG

Business name & address

CAFE VINCENZO
5801 MARGATE BLVD

MARGATE FL 330632834

Mailing address

PARTNERSHIP II, LLC

5801 MARGATE BLVD

MARGATE FL 330632834

Classification : 14505

RESTAURANTS CAPACITY OVER 150

Exemption applied :

License status, date . . . : ACTIVE

4/13/15

Appl, issue date : 4/07/15 10/01/14

Expiration, valid thru . . : 9/30/15 9/30/15

Gross receipts amount . . : .00

Date renewal printed . . . :

Date printed, reprinted . . :

Prior license : 14 00007058

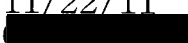
Municipal code reference :

Press Enter to continue.

More...

F3=Exit F5=Additional charges F6=Charges F7=Miscellaneous information
F9=Additional requirements F10=Receipts F24=More keys

Business: 6008 CAFE VINCENZO


Business address5801 MARGATE BLVD
MARGATE FL 330632834Location ID . . . : 226254
Date opened . . . : 11/22/11
Federal tax ID . . : 
Business phone . . : 954 973-3400
Status/date . . . : A 11/23/11
Email address . . . :Owner InformationCHASE, VINCENT
7256 NW 116 LN

PARKLAND FL 330761826

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information
F12=CancelF9=Display licenses
F24=More keysMailing addressPARTNERSHIP II, LLC
5801 MARGATE BLVD
MARGATE FL 330632834Contractor flag . . . :
Type of ownership . . : C
Secondary phone/type:
Type of business . . :
Email renewals . . . :Total amount due . . : .00
Phone : 954 346-1918
Social security . . . :
Drivers license . . . :
Date of birth . . . : 



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



Business Name: Cafe Vincenzo

Owner's Name: Partnership Two

William McDonald

Address: 5801 Margate Boulevard

Phone #: 954-973-3400

1. Has the license, 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:
2. Have any of the licensee's corporate members, 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. 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 07/01/14 to 08/10/15. (annually period for renewals/modified period for conditionals)

Number of calls for service

See Attached

Number of violations, crimes and type (use detail)

See Attached

Number of alcohol / tobacco violations (use detail)

None noted.

\$ Outstanding alarm fees

Detail: There are no outstanding alarm fees for the business.

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

Explain: Documentation from the Florida Department of Business and Professional Regulation shows that the business has a valid occupational license.

Does the business have a current state beverage license? ☒ Yes ☐ No

Explain: Public records show a valid 4COP beverage license for the corporation, active thru 03/31/16.

Det. Greg Giacomino
Background completed by

08/20/15
Date

Rec. 08/20/15 SU#3057

TOT D.C. Benelli

DeaBo 3062
8/24/15

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 INC. 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 H. ATLANTIC BLVD MARGATE 33063 FL
No. and Street City State Zip
4. APPLICANT'S NAME: JERZY OLES PHONE: [REDACTED]
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation (X) *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4COP
8. DATE: 5-26-15 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 BEV1600494

RECEIVED

JUN 1 2015

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

NAME: JERZY OLES TITLE: PRESIDENT

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: 7-8-1955 (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: CANDACE SMITH TITLE: SHAREHOLDERS

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

DISTRICT C

POLICE DEPARTMENT REVIEW:

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

Comments: NONE

Authority: DCM/Bob Date: 6/30/15
FOR WATSON

OL110I01

CITY OF MARGATE
License Master Inquiry

6/03/15
09:06:57

Business control nbr . . : 2976
License number : 15 00003527 Last activity:
Pin number : 1510 Created: 09/25/14 by PEARLG
Business name & address Mailing address
GERRI'S SPORTS PUB MAGIN, INC.
6500 W ATLANTIC BLVD 6500 W ATLANTIC BLVD
MARGATE FL 330635135 MARGATE FL 330635135
Classification : 14503 RESTAURANTS CAPACITY 16-50
Exemption applied :
License status, date . . : ACTIVE 9/25/14
Appl, issue date : 9/24/14 10/01/14
Expiration, valid thru . . : 9/30/15 9/30/15
Gross receipts amount . . : .00
Date renewal printed . . :
Date printed, reprinted . . : 9/25/14
Prior license : 14 00003527
Municipal code reference :
Press Enter to continue. More...
F3=Exit F5=Additional charges F6=Charges F7=Miscellaneous information
F8=Business inquiry F9=Additional requirements F10=Receipts F24=More keys

OL100I02

CITY OF MARGATE

6/03/15

Business Master Inquiry - Corporate Officers

09:07:04

Business: 2976 GERRI'S SPORTS PUB

Name & address

Other Information

SMITH, CANDACE

Title . : VTS

8121 NW 93 TER

Phone . : 561 558-5756

TAMARAC

FL 33321

SS nbr . :

DOB . . : 6/19/67

Email address . : candaces1195@aol.com

Bottom

Press Enter to continue.

F3=Exit F7=Miscellaneous information F9=Display licenses F24=More keys

OL100I01

CITY OF MARGATE
Business Master Inquiry

6/03/15
09:07:11

Business: 2976 GERRI'S SPORTS PUB

Business address
6500 W ATLANTIC BLVD
MARGATE FL 330635135

Mailing address

MAGIN, INC.

6500 W ATLANTIC BLVD
MARGATE

FL 330635135

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

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

Owner Information

OLES, JERZY
7424 NW 61 TER

Total amount due . . : .00
Phone : 201 403-0701
Social security . . :
Drivers license . . :
Date of birth . . . :

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



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

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:

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 06/14 to 06/15 (The annual period for renewals or modified period for conditional renewals).

Total number of calls for service 2

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

pett theft 14-036273, Simple Battery 15-013986

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:

Run Blanton/3333
Background completed by

6/29/15
Date

Additional comments:

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

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

Please check one of the following: New Application _____

Renewal Application ☒ _____

1. CORPORATE NAME: JASMINE THAI & CHINESE RESTAURANT INC PHONE: 954 979 9530
2. NAME OF BUSINESS ORGANIZATION: JASMINE THAI & SUSHI RESTAURANT
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1785 N. STATE RD 7 MARGATE FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: PETER HONGNOKHUN PHONE: [REDACTED]
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation ☒ *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4 COR SRX
8. DATE: 6/19/2015 APPLICANT'S SIGNATURE: P. Hongn
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV. 1613519

RECEIVED

JUN 22 2015

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 HONGNOPKHUN 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: BEN HONGNOPKHUN 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.)

NAME: CHRISTINE P. HONGNOPKHUN (KELLY) 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.)

____ 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

DISTRICT C

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: _____

Authority: DCM [Signature]

FORWATSON

Date: 7/1/15



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**DIV OF ALCOHOLIC BEVERAGES & TOBACCO
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

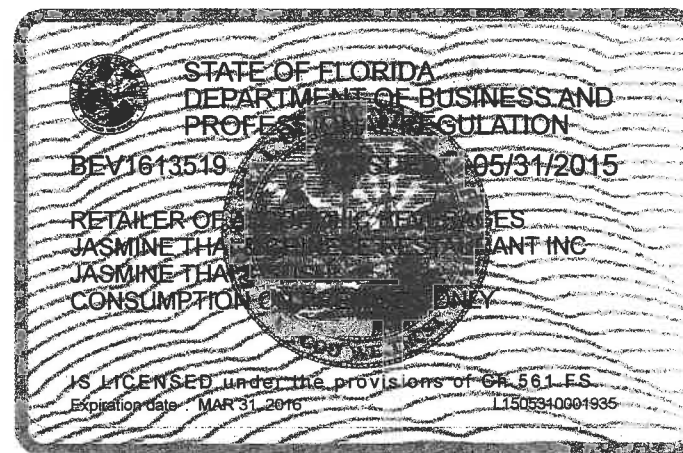
850.487.1395

**JASMINE THAI & CHINESE RESTAURANT INC
JASMINE THAI & SUSHI
1785 N STATE ROAD 7
MARGATE FL 33063**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

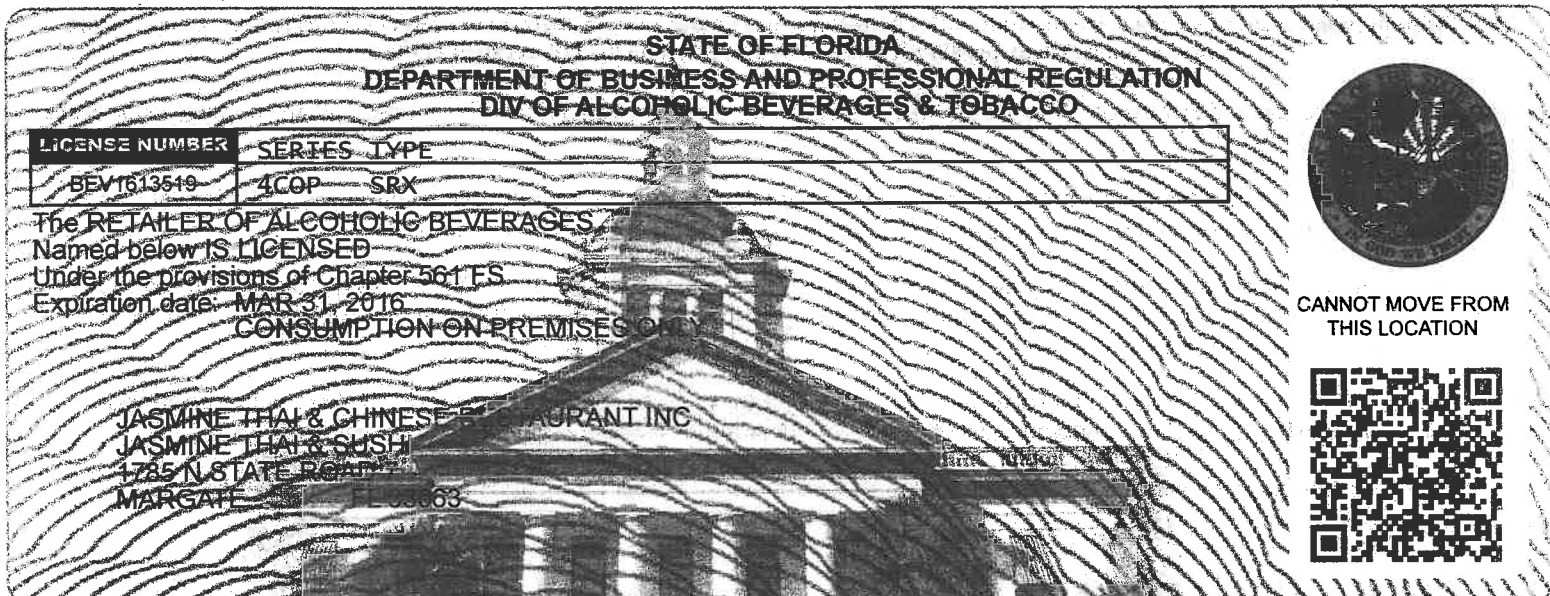
Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY



ISSUED: 05/31/2015

DISPLAY AS REQUIRED BY LAW

SEQ # L1505310001935



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: JASMINE THAI

Owner's Name: PREECHA HONGNOAKHUN

Address: 1785 N. S.R. 7-

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 _____ to _____. (The annual period for renewals or modified period for conditional renewals).

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) 0

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. C. DELO G. GIACOMINO
Background completed by 3087

7/01/15
Date

Additional comments:

*NO CALLS TO
THIS LOCATION
(PD)*

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 Liquor Inc. PHONE: 954 292 8697
2. NAME OF BUSINESS ORGANIZATION: Sharkeys Blvd. Lounge
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5889 Margate Blvd. Margate FL
No. and Street City State Zip
4. APPLICANT'S NAME: Dawn & T.A. Sharkey PHONE: [REDACTED]
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership ☒ *Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: LCOP
8. DATE: 6/6/15 APPLICANT'S SIGNATURE: Dawn 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 Bev 160 7122

RECEIVED

JUN 16 2015

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

NAME: T.A. Sharkey TITLE: President
HOME ADDRESS: [REDACTED] PHONE: [REDACTED]
DATE OF BIRTH: 9-15-60 (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: Dawn Sharkey TITLE: Vice President
HOME ADDRESS: [REDACTED] PHONE: [REDACTED]
DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

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

_____ 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

DISTRICT C

POLICE DEPARTMENT REVIEW:

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

Comments: None

Authority: [Signature]
Dana E. Watson, Chief of Police

Date: July 8, 2015

10:51:17 AM 7/8/2015

Licensee Details**Licensee Information**

Name: **SHARKEY LIQUORS INC (Primary Name)**
SHARKEYS BLVD LOUNGE (DBA Name)

Main Address: **5889 MARGATE BLVD**
MARGATE Florida 33063

County: **BROWARD**

License Mailing: **PO BOX 938714**
MARGATE FL 33093

County: **BROWARD**

LicenseLocation: **5889 MARGATE BLVD**
MARGATE FL 33063

County: **BROWARD**

License Information

License Type: **Retail Beverage**

Rank: **2COP**

License Number: **BEV1607122**

Status: **Current,Active**

Licensure Date: **04/03/2006**

Expires: **03/31/2016**

Special Qualifications	Qualification Effective
Invoice Sent	03/15/2006
Cash on Delivery	07/08/2015
Stand-Alone Bar without Food	11/01/2009

Alternate Names[View Related License Information](#)[View License Complaint](#)

1940 North Monroe Street, Tallahassee FL 32399 :: Email: **Customer Contact Center** :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records

request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our [Chapter 455](#) page to determine if you are affected by this change.

OL110I01

CITY OF MARGATE
License Master Inquiry

7/08/15
10:44:46

Business control nbr . : 3659
License number : 15 00004321
Pin number : 5591

Last activity:

Updated: 02/12/15 by PEARLG

Business name & address

SHARKEY'S BLVD. LOUNGE

5889 MARGATE BLVD

MARGATE

FL 330632834

Mailing address

5889 MARGATE BLVD

MARGATE

FL 330632834

Classification : 11301

MERCHANT'S RETAIL STOCK LESS THAN \$1000

Exemption applied :

License status, date . . . : ACTIVE

8/19/14

Appl, issue date : 8/18/14 10/01/14

Expiration, valid thru . . : 9/30/15 9/30/15

Gross receipts amount . . : .00

Date renewal printed . . . :

Date printed, reprinted . . : 8/19/14

Prior license : 14 00004321

Municipal code reference :

Press Enter to continue.

More...

F11=Review steps

F12=Cancel

F13=Renewal history

F16=Subcodes

F17=Notice history

F24=More keys

Business: 3659 SHARKEY'S BLVD. LOUNGE

Business address5889 MARGATE BLVD
MARGATE FL 330632834Mailing address5889 MARGATE BLVD
MARGATE FL 330632834Location ID . . . : 226294
Date opened . . . : 1/05/06
Federal tax ID . . : XXXXXXXXXX
Business phone . . : 954 978-3062
Status/date . . . : A 1/05/06
Email address . . . :**Owner Information**SHARKEY, T.A.
6510 NW 11TH STContractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . . :
Email renewals . . . :
Total amount due . . : .00
Phone : 954 978-3062

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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: SHARKEY'S RESTAURANT Owner's Name: DAWN SHARKEY
Address: 5889 MARGATE BLVD Phone #: 954-978 3062

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 7/8/14 to 7/8/15. (The annual period for renewals or modified period for conditional renewals).

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) 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:

Det. Michael Shapiro
Background completed by

7/8/15
Date

Additional comments:

OK (P4) 7/8/15

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

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

Please check one of the following: New Application ☐

Renewal Application ☒

1. CORPORATE NAME: James Carl Frederick American Legion Post 157 PHONE: 954-971-0882
2. NAME OF BUSINESS ORGANIZATION: James Carl Frederick American Legion #157
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1791 Mears Parkway, Margate, FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: Susan Butler 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: _____
8. DATE: 6-12-15 APPLICANT'S SIGNATURE: Susan Butler
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 1603508

RECEIVED

JUL - 8 2015

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: Jeff Colopy TITLE: Commander

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: Susan Butler TITLE: Adjutant Finance Officer

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: Chad Mark TITLE: Finance officer

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

DISTRICT D

POLICE DEPARTMENT REVIEW:

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

Comments: None

Authority: Dana E. Watson, Chief of Police

Date: July 9, 2015

Business control nbr . : 4410
License number : 15 00005111
Pin number : 5472

Last activity:

Created: 10/08/14 by PEARLG

Business name & addressJAMES CARL FREDERICK POST 157
1791 MEARS PKWYMailing addressTHE AMERICAN LEGION
1791 MEARS PKWY

MARGATE FL 330633748

MARGATE FL 330633748

Classification : 17801

FEE WAIVED NON PROFIT

Exemption applied :

License status, date . . . : ACTIVE

10/08/14

Appl, issue date : 10/08/14 10/01/14

Expiration, valid thru . . : 9/30/15 9/30/15

Gross receipts amount . . : .00

Date renewal printed . . . :

Date printed, reprinted . : 12/03/14

Prior license : 14 00005111

Municipal code reference :

Press Enter to continue.

More...

F3=Exit F5=Additional charges F6=Charges F7=Miscellaneous information

F9=Additional requirements F10=Receipts F24=More keys

----- STATEMENT -----

DATE: 7/08/15
ACCOUNT#: 1932

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

ALARM LOCATION:
1791 NW 54TH AV
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:

JAMES CARL FREDERICK

AMERICAN LEGION #157

Owner's Name:

JEFF COLOPY

SUSAN BUTLER

CHAD MARK.

Address:

1791 MEARS PKWY MARGATE, FL 33063

Phone #:

954-684-7499

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 7-01-14 to 6-30-15. (The annual period for renewals or modified period for conditional renewals).

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) 0

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 Paul O. [Signature] 3321

Date 07-08-15

Additional comments:

OK [Signature]
no calls
7/9/15

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: C.S. Apple II, Inc PHONE: 954-969-0866
2. NAME OF BUSINESS ORGANIZATION: Applebee's Neighborhood Grill & BAR
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5377 W. ATLANTIC BLVD, MARGATE, FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: James M. Conover PHONE: [REDACTED]
HOME ADDRESS: [REDACTED]
City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership ☒ *Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: Retailers Beverage
8. DATE: 5-29-15 APPLICANT'S SIGNATURE: James M. Conover
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 1617953

(P) 7/2/15
Disturbances - always

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: W. Curtis SmithTITLE: CEO - Pres

HOME ADDRESS: [REDACTED]

PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED]

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

NAME: James M. ConoverTITLE: EX UP & CFO

HOME ADDRESS: [REDACTED]

PHONE: [REDACTED]

DATE OF BIRTH: 4-16-1976

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

NAME: SCOTT A. CORTNERTITLE: EX UP

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 ONLYDISTRICT D**POLICE DEPARTMENT REVIEW:**

Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: NoneAuthority: [Signature]

Dana E. Watson, Chief of Police

Date: July 7, 2015



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIV OF ALCOHOLIC BEVERAGES & TOBACCO
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

850.487.1395

C J APPLE II INC
APPLEBEES NEIGHBORHOOD GRILL & BAR
741 CENTRE VIEW BLVD STE 100
CRESTVIEW HILLS KY 41017

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

BEV1617953

ISSUED: 02/25/2015

RETAILER OF ALCOHOLIC BEVERAGES
C J APPLE II INC
APPLEBEES NEIGHBORHOOD GRILL & BAR
CONSUMPTION ON PREMISES ONLY

IS LICENSED under the provisions of Ch 561 FS
Expiration date: MAR 31, 2016 L1502250001873

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIV OF ALCOHOLIC BEVERAGES & TOBACCO

LICENSE NUMBER	SERIES	TYPE
BEV1617953	4COP	SRX

The RETAILER OF ALCOHOLIC BEVERAGES
Named below IS LICENSED

Under the provisions of Chapter 561 FS.
Expiration date: MAR 31, 2016

CONSUMPTION ON PREMISES ONLY

C J APPLE II INC
APPLEBEES NEIGHBORHOOD GRILL & BAR
5377 WEST ATLANTIC BLVD
MARGATE FL 33063



CANNOT MOVE FROM
THIS LOCATION



----- STATEMENT -----

DATE: 6/03/15
ACCOUNT#: 8061

APPLEBEE'S
10505 NW 112TH AVENUE
SUITE 12
MIAMI FL 33178

ALARM LOCATION:
5377 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

OL110I01

CITY OF MARGATE
License Master Inquiry

6/03/15
09:07:29

Business control nbr . . : 3682
License number : 15 00004345 Last activity:
Pin number : 9791 Updated: 08/12/14 by PEARLG
Business name & address Mailing address
APPLEBEE'S NEIGHBORHOOD GRILL CJ APPLE II INC/DBA APPLEBEE'S
5377 W ATLANTIC BLVD 741 CENTRE VIEW BLVD
MARGATE FL 33063 CRESTVIEW HILLS KY 41017
Classification : 14505 RESTAURANTS CAPACITY OVER 150
Exemption applied :
License status, date . . : ACTIVE 8/11/14
Appl, issue date : 8/06/14 10/01/14
Expiration, valid thru . . : 9/30/15 9/30/15
Gross receipts amount . . : .00
Date renewal printed . . :
Date printed, reprinted . . : 8/12/14
Prior license : 14 00004345
Municipal code reference :

Press Enter to continue.

More...

F3=Exit F5=Additional charges F6=Charges F7=Miscellaneous information
F8=Business inquiry F9=Additional requirements F10=Receipts F24=More keys

OL100I01

CITY OF MARGATE
Business Master Inquiry

6/03/15
09:07:39

Business: 3682 APPLEBEE'S NEIGHBORHOOD GRILL

Business address
5377 W ATLANTIC BLVD
MARGATE FL 33063

Mailing address
CJ APPLE II INC/DBA APPLEBEE'S
741 CENTRE VIEW BLVD
CRESTVIEW HILLS KY 41017

Location ID . . . : 235028

Date opened . . . : 1/25/06

Federal tax ID . . : [REDACTED]

Business phone . . : 859 653-3184

Status/date . . . : A 1/25/06

Email address . . : gwerden@applesauceinc.com

Owner Information

CJ APPLE II, INC
741 CENTRE VIEW BLVD

CRESTVIEW HILLS KY 41017

Email address . . :

Contractor flag . . . :

Type of ownership . . : C

Secondary phone/type:

Type of business . . :

Email renewals . . . :

Total amount due . . : .00

Phone : 859 331-3900

Social security . . . :

Drivers license . . . :

Date of birth :

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: *C.T. Apple II Inc. DBA Apple Bee's*

Owner's Name: *W. Curtis Smith*

Address: *5377 W. Atlantic Blvd. Margate, FL 33063*

Phone #: *305-949-3813*

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 *1/1/2015* to *6/30/2015* (The annual period for renewals or modified period for conditional renewals).

Total number of calls for service *14*

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

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:

Det. Snyder
Background completed by

7/6/15
Date

Additional comments:

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

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application ☐

Renewal Application ☒

1. CORPORATE NAME: LEISERV, LLC PHONE: 804.417.2022
2. NAME OF BUSINESS ORGANIZATION: Brunswick Margate Lanes
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 2020 N. State Rd. 7 Margate FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: LEISERV, LLC PHONE: [REDACTED]
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: retailer, consumption on premises only
8. DATE: 6/17/2015 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV1600131

RECEIVED

JUN 29 2015

[Signature]
Vehicle Registrar

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] (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

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: Paul G. Williams TITLE: assistant 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

DISTRICT D

POLICE DEPARTMENT REVIEW:

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

Comments: None

Authority: [Signature]
Date: July 28, 2015
Dana E. Watson, Chief of Police

Business: 617 BRUNSWICK MARGATE LANES

Business address2020 N STATE ROAD 7
MARGATE FL 330635712Mailing address7313 BELL CREEK ROAD
ATTN: TAX & LICENSING
MECHANICSVILLE VA 23111Location ID . . . : 225706
Date opened . . . : 6/02/88
Federal tax ID . . : XXXXXXXXXX
Business phone . . : 954 972-4400
Status/date . . . : A 9/28/01
Email address . . : n/aContractor flag . . :
Type of ownership . : C
Secondary phone/type: 847 735-4580 EM
Type of business . . :
Email renewals . . :Owner InformationLEISERV INC
1 N FIELD CTTotal amount due . . : .00
Phone : 847 735-4580

LAKE FOREST IL 600454810

Email address . :

Press Enter to continue.

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

Business control nbr . : 617
License number : 15 00000728
Pin number : 2537
Business name & address
BRUNSWICK MARGATE LANES
2020 N STATE ROAD 7
MARGATE FL 330635712
Classification : 15401
Exemption applied :
License status, date . . . : ACTIVE
Appl, issue date : 9/18/14 10/01/14
Expiration, valid thru . . : 9/30/15 9/30/15
Gross receipts amount . . : .00
Date renewal printed . . . :
Date printed, reprinted . . : 9/22/14
Prior license : 14 00000728
Municipal code reference :
Press Enter to continue.

Last activity:

Updated: 05/20/15 by PEARLG

Mailing address7313 BELL CREEK ROAD
ATTN: TAX & LICENSING
MECHANICSVILLE VA 23111

SNACK SHOP

9/22/14

More...

F3=Exit F5=Additional charges F6=Charges F7=Miscellaneous information
F8=Business inquiry F9=Additional requirements F10=Receipts F24=More keys



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: LEISER, LLC DBA/Brunswick
MARGATE, FL 33063

Owner's Name: Thomas F. Shannon

Address: 2020 N. SR 7 Margate, FL 33063

Phone #: 212-777-2214

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 7/1/14 to 7/1/15. (The annual period for renewals or modified period for conditional renewals).

Total number of calls for service 4

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

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:

[Signature]
Background completed by

7/28/15
Date

Additional comments:

Rec. SU #3057 (Acting ITO Supervisor)
07/28/15

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

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

Please check one of the following: New Application _____

Renewal Application ☒

1. CORPORATE NAME: LUNA ENTERTAINMENT GROUP INC PHONE: 954 876 1469
2. NAME OF BUSINESS ORGANIZATION: GUAPOS COCKTAIL BAR & LOUNGE
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 2160 MEARS PARKWAY MARGATE FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: EVER A CONTRERAS PHONE: [REDACTED]
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation ☒ *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: QUOTA 4COP LICENSE
8. DATE: 6-30-15 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV-16-00316

(P) OK 7/9/15
no calls

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: EVER A CONTRERAS TITLE: President Owner

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

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

NAME: MEIVA CONTRERAS 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.)

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

DISTRICT D

POLICE DEPARTMENT REVIEW:

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

Comments: None

Authority: [Signature]
Dana E. Watson, Chief of Police

Date: July 13, 2015

KEN LAWSON, SECRETARY

RICK SCOTT, GOVERNOR

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIV OF ALCOHOLIC BEVERAGES & TOBACCO



LICENSE NUMBER	SERIES
BEV1600318	4COP

The RETAILER OF ALCOHOLIC BEVERAGES
Named below IS LICENSED
Under the provisions of Chapter 565 FS.
Expiration date: MAR 31, 2016

LUNA ENTERTAINMENT GROUP INC
GUAPOS COCKTAIL BAR & LOUNGE
2154-2164 MEARS PARKWAY
MARGATE FL 33063

SEQ # L1503310006024

DISPLAY AS REQUIRED BY LAW

ISSUED: 03/31/2015

Business control nbr . . : 5408
License number : 15 00006349
Pin number : 3793

Business name & address

GUAPO'S COCKTAIL BAR & LOUNGE

2160 MEARS PKWY

MARGATE FL 33063

Classification : 14504

Exemption applied :

License status, date . . . : ACTIVE

Appl, issue date : 8/28/14 10/01/14

Expiration, valid thru . . : 9/30/15 9/30/15

Gross receipts amount . . : .00

Date renewal printed . . . :

Date printed, reprinted . . : 8/28/14

Prior license : 14 00006349

Municipal code reference :

Press Enter to continue.

Last activity:

Created: 08/28/14 by PEARLG

Mailing address

LUNA ENTERTAINMENT GROUP INC.

2160 MEARS PKWY

MARGATE FL 33063

RESTAURANTS CAPACITY 51-150

9/02/14

More...

F3=Exit F5=Additional charges F6=Charges F7=Miscellaneous information
F8=Business inquiry F9=Additional requirements F10=Receipts F24=More keys



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

Business Name: Guapos Cockatay Bar

Owner's Name: Ever Contreras

Address: 2160 Mears Pkwy

Phone #: 954-276-1469

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 07/14 to 07/15. (The annual period for renewals or modified period for conditional renewals).

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) 0

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:

Erin Blanton
Background completed by

7/9/15
Date

Additional comments:

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 OG LLC PHONE: 954 917 2855
2. NAME OF BUSINESS ORGANIZATION: JESSE'S XTREME SPORTS BAR
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5442 W. Atlantic Blvd Margate FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: JESSE WALKER 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: 5/22/15 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 1607359

RECEIVED

JUN 1 2015

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

NAME: JESSE WALCOTT TITLE: PRESIDENT

HOME ADDRESS: [REDACTED] 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: JEANNE STANFORD TITLE: VP

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

DISTRICT D

POLICE DEPARTMENT REVIEW:

☒

Recommend Approval

☐

Recommend Review by City Commission

☐

Recommend Rejection

Comments: None

Authority: [Signature]

Dana E. Watson, Chief of Police

Date: 06-24-2015



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Jesse's Xtreme Sports Bar

Owner's Name: Jesse Walcutt

Address: 5442 W Atlantic Blvd

Phone #: 954-650-4466

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 6/24/14 to 6/4/15. (The annual period for renewals or modified period for conditional renewals).

6 **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:

CSA M. Otero #3489

Background completed by

6/09/15

Date

Additional comments:

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

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

Please check one of the following: New Application _____

Renewal Application ☒

1. CORPORATE NAME: O'MALLEY'S SPORTS BAR INC. PHONE: 954-978-8540
2. NAME OF BUSINESS ORGANIZATION: O'MALLEY'S SPORTS BAR
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1388 N. SR 7 MARGATE FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: STEPHEN JOHNSON PHONE: [REDACTED]
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation (☒) *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4 COP
8. DATE: 6-26-15 APPLICANT'S SIGNATURE: Stephen Johnson
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV 1607956

RECEIVED

JUN 29 2015

Several addresses for
Parking lot during activities

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.

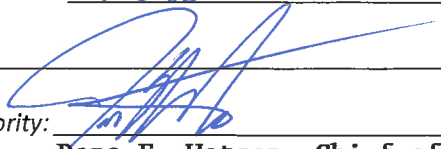
OFFICE USE ONLY

DISTRICT D

POLICE DEPARTMENT REVIEW:

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

Comments: None

Authority:  Date: August 5, 2015
Dana E. Watson, Chief of Police

Business: 3279 O'MALLEYS SPORTS BAR INC

Business address1388 N STATE ROAD 7 # 2
MARGATE FL 330632836Mailing address1388 N STATE ROAD 7 # 2
MARGATE FL 330632836Location ID . . . : 229780
Date opened . . . : 2/14/05
Federal tax ID . . : XXXXXXXXXX
Business phone . . : 561 302-0734
Status/date . . . : A 2/15/05
Email address . . : snafu808@bellsouth.netContractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . :
Email renewals . . :
Total amount due . : .00
Phone : 561 302-0734**Owner Information**JOHNSON, STEPHEN C
1150 HILLSBORO MILE #216

POMPANO BEACH FL 33062

Email address . :

Press Enter to continue.

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

Business control nbr : 3279
License number : 15 00003900
Pin number : 4350
Business name & address : O'MALLEYS SPORTS BAR INC
1388 N STATE ROAD 7 # 2
MARGATE FL 330632836
Classification : 14505 RESTAURANTS CAPACITY OVER 150
Exemption applied :
License status, date : ACTIVE 10/29/14
Appl, issue date : 11/03/14 10/01/14
Expiration, valid thru : 9/30/15 9/30/15
Gross receipts amount : .00
Date renewal printed :
Date printed, reprinted : 10/28/14
Prior license : 14 00003900
Municipal code reference :
Press Enter to continue.
F3=Exit F5=Additional charges F6=Charges F7=Miscellaneous information
F8=Business inquiry F9=Additional requirements F10=Receipts F24=More keys

Last activity:

Created: 10/28/14 by PEARLG

Mailing address

1388 N STATE ROAD 7 # 2

MARGATE

FL 330632836

More...



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: O'Malley's Sports Bar Inc.

Owner's Name: Stephen Johnson

Address: 1388 N. SR7 Margate, FL 33063

Phone #: 954-850-5082

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 01/01/15 to 08/05/15. (The annual period for renewals or modified period for conditional renewals).

56 **Total number of calls for service**

7 **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 Snyder #3493

Background completed by

8/5/15

Date

Additional comments:

*Rec. 50#3057
08/05/15*

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: DAVID & LOUIS INC PHONE: 954-588-9569
954-977-7752
2. NAME OF BUSINESS ORGANIZATION: PALADIUM
TEMP ADDRESS 1477 NE 91 AVE CORAL SP. 33071 - Apt- 12-12
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5688 WEST SAMPLE RD Margate FL 33073
No. and Street City State Zip
4. APPLICANT'S NAME: DAVID STAMBUL PHONE: [REDACTED]
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4 COP
8. DATE: 6/18/15 APPLICANT'S SIGNATURE: David Stambul
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 1614953

2/21/15
27 calls -
Loud Music, Disturbances
Fight, Narcotics Arrest
Shooting.
DWB 7/30/15

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: DAVID STAMBUK TITLE: Pres.

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

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

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

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

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

DISTRICT D

POLICE DEPARTMENT REVIEW:

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

Comments: None

Authority: [Signature]
Dana E. Watson, Chief of Police

Date: July 21, 2015

Business: 358 PALADIUM

Business address5688 W SAMPLE RD
MARGATE

FL 330733446

Mailing address5688 W SAMPLE RD
MARGATE

FL 330733446

Location ID . . . : 229804

Date opened . . . : 11/15/99

Federal tax ID . . : [REDACTED]

Business phone . . : 954 977-7752

Status/date . . . : A 9/14/01

Email address . . : davidstambul@gmail.com

Contractor flag . . :

Type of ownership . : C

Secondary phone/type: 954 946-8053 EM

Type of business . . :

Email renewals . . :

Owner Information

Total amount due . . : .00

Phone : 954 588-9569

POMPANO BEACH FL 33060

Email address . :

Press Enter to continue.

F3=Exit F5=Display officers

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



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Paladium

Owner's Name: David Stambul

Address: 5688 West Sample Road, Margate, FL 33063

Phone #: (954) 588-9569

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 7/2014 to 7/2015. (The annual period for renewals or modified period for conditional renewals).

27 **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

7/21/2015
Date

Additional comments:

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 BEV, INC. PHONE: (954) 975-2426
2. NAME OF BUSINESS ORGANIZATION: SAIGON CUISINE
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1394 N. 9A 7 Margate FL 33063
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: ACOPS
8. DATE: June 26 / 15 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV1618538

[Signature]
Alarums

7/9/15

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 JR TITLE: PRESIDENT

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

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

NAME: / TITLE: _____

HOME ADDRESS: _____ PHONE: _____

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

NAME: / TITLE: _____

HOME ADDRESS: _____ PHONE: _____

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

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

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

OFFICE USE ONLY

DISTRICT D

POLICE DEPARTMENT REVIEW:

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

Comments: None

Authority: [Signature]
Dana E. Watson, Chief of Police

Date: July 13, 2015

Business: 4076 SAIGON CUISINE/VIETNAMESE REST

Business address1392 N STATE ROAD 7
MARGATE FL 330632836Mailing addressSAIGON DELI, INC.
1392-1396 N STATE ROAD 7
MARGATE FL 330632836Location ID . . . : 231424
Date opened . . . : 10/16/06
Federal tax ID . . : XXXXXXXXXX
Business phone . . : 954 975-2426
Status/date . . . : A 10/24/06
Email address . . : saigon2426@comcast.netContractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . . :
Email renewals . . :
Total amount due . . : .00
Phone : 954 789-8701Owner InformationLE, YOUNG
7301 SW 8 CT

NORTH LAUDERDALE FL 330681002

Email address . . :

Press Enter to continue.

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

Business control nbr	4076	
License number	15 00004723	<u>Last activity:</u>
Pin number	7531	Updated: 09/24/14 by PEARLG
<u>Business name & address</u>		<u>Mailing address</u>
SAIGON CUISINE/VIETNAMESE REST		SAIGON DELI, INC.
1392 N STATE ROAD 7		1392-1396 N STATE ROAD 7
MARGATE	FL 330632836	MARGATE
Classification	14505	FL 330632836
Exemption applied		RESTAURANTS CAPACITY OVER 150
License status, date	ACTIVE	9/23/14
Appl, issue date	9/22/14	10/01/14
Expiration, valid thru	9/30/15	9/30/15
Gross receipts amount00
Date renewal printed		
Date printed, reprinted	9/23/14	9/24/14
Prior license	14 00004723	
Municipal code reference		
Press Enter to continue.		More...
F3=Exit	F5=Additional charges	F6=Charges
F7=Miscellaneous information		
F8=Business inquiry	F9=Additional requirements	F10=Receipts
F24=More keys		



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

Business Name:

Saigon Cuisine

Owner's Name:

Young Le

Address:

1394 N SR 7

Phone #:

954-975-2426

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 7/14 to 7/15. (The annual period for renewals or modified period for conditional renewals).

Total number of calls for service

2 (alarm calls)

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

0

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

\$ 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:

Jun Blando

Background completed by

Date

7/9/15

Additional comments:

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: Tropicane Entertainment PHONE: 954-873-1689
2. NAME OF BUSINESS ORGANIZATION: Galaxy Restaurant
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5190 Coconut Creek Rwy Margate FL 33003
No. and Street City State Zip
4. APPLICANT'S NAME: Edgardo Contreras PHONE: [REDACTED]
Edgar Contreras
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: Tob - Duv license, retailer of Alcoholic Bev
8. DATE: 01/29/15 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 10-00070

RECEIVED

JUN 29 2015

[Signature]

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

NAME: Edgar Contreras TITLE: President

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

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

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

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

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

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

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

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

OFFICE USE ONLY

DISTRICT D

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: None

Authority: [Signature]
Dana E. Watson, Chief of Police

Date: July 8, 2015

Business: 6245 GALAXY RESTAURANT

Business address5190 COCONUT CREEK PKWY
MARGATE FL 330633913Mailing addressTROPICANTE ENTERTAINMENT INC.
5190 COCONUT CREEK PKWY
MARGATE FL 33063Location ID . . . : 225400
Date opened . . . : 10/11/12
Federal tax ID . . : XXXXXXXXXX
Business phone . . : 954 873-1689
Status/date . . . : A 10/11/12
Email address . . : tropicantefl@gmail.comContractor flag . . :
Type of ownership . : C
Secondary phone/type:
Type of business . :
Email renewals . . :
Total amount due . : .00
Phone : 954 873-1689Owner InformationCONTRERAS, EDGAR
1384 SW 24TH AVENUE

FORT LAUDERDALE FL 33312

Email address . :

Press Enter to continue.

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

Business control nbr . . . :	6245	
License number :	15 00007340	<u>Last activity:</u>
Pin number :	4794	Created: 08/19/14 by PEARLG
<u>Business name & address</u>		<u>Mailing address</u>
GALAXY RESTAURANT		TROPICANTE ENTERTAINMENT INC.
5190 COCONUT CREEK PKWY		5190 COCONUT CREEK PKWY
MARGATE FL 330633913		MARGATE FL 33063
Classification :	14505	RESTAURANTS CAPACITY OVER 150
Exemption applied :		
License status, date . . . :	ACTIVE	8/19/14
Appl, issue date :	8/18/14	10/01/14
Expiration, valid thru . . :	9/30/15	9/30/15
Gross receipts amount . . . :		.00
Date renewal printed . . . :		
Date printed, reprinted . . :	8/19/14	
Prior license :	14 00007340	
Municipal code reference :		
Press Enter to continue.		More...
F3=Exit	F5=Additional charges	F6=Charges
F7=Miscellaneous information		
F8=Business inquiry	F9=Additional requirements	F10=Receipts
F24=More keys		

----- STATEMENT -----

DATE: 7/06/15
ACCOUNT#: 10001

GALAXY RESTAURANT
TROPICANTE ENTERTAINMENT, INC
1384 SW 24TH AVE
FT LAUDERDALE FL 33312

ALARM LOCATION:
5190 COCONUT CREEK PKY
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: Galaxy Restaurant Owner's Name: Edgar Contreras
Address: 5190 Coconut Creek Pkwy Phone #: 954-873-1689

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 01/14 to 07/15. (The annual period for renewals or modified period for conditional renewals).

Total number of calls for service ☐

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

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:

Set Run Blandeo

Background completed by

Date 7/7/15

Additional comments:

2/8/15
OK - no cases

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

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

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

1. CORPORATE NAME: TCS corp PHONE: 954-973-1396
2. NAME OF BUSINESS ORGANIZATION: Brady's Irish Pub
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 986 STATE ROAD 7 Margate FL 33068
No. and Street City State Zip
4. APPLICANT'S NAME: Tom 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: 5/27/15 APPLICANT'S SIGNATURE: Tom 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 BEV 1607932

RECEIVED

JUN 1 2015

OK
7/21/15

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

NAME: Thomas Read TITLE: Pres, VP, Sec. & Treasury

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

DISTRICT E

POLICE DEPARTMENT REVIEW:

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

Comments: None

Authority: [Signature]
Dana E. Watson, Chief of Police

Date: July 21, 2015

OL110I01

CITY OF MARGATE
License Master Inquiry

6/03/15
09:04:39

Business control nbr . : 2658
License number : 15 00003143 Last activity:
Pin number : 7770 Updated: 02/25/15 by PEARLG
Business name & address Mailing address
BRADY'S IRISH PUB 986 S STATE ROAD 7
986 S STATE ROAD 7 MARGATE FL 330682808
MARGATE FL 330682808
Classification : 02501 BILLIARD TABLES NON-COIN PER TABLE
Exemption applied :
License status, date . . : ACTIVE 8/06/14
Appl, issue date : 8/04/14 10/01/14
Expiration, valid thru . : 9/30/15 9/30/15
Gross receipts amount . . : .00
Date renewal printed . . :
Date printed, reprinted . : 8/06/14
Prior license : 14 00003143
Municipal code reference :
Press Enter to continue. More...
F3=Exit F5=Additional charges F6=Charges F7=Miscellaneous information
F8=Business inquiry F9=Additional requirements F10=Receipts F24=More keys

OL100I01

CITY OF MARGATE
Business Master Inquiry

6/03/15
09:05:31

Business: 2658 BRADY'S IRISH PUB

Business address
986 S STATE ROAD 7
MARGATE

FL 330682808

Mailing address
986 S STATE ROAD 7
MARGATE

FL 330682808

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

Owner Information

READ, THOMAS
7306 NW 81ST ST

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

Contractor flag . . :
Type of ownership . . :
Secondary phone/type: 954 721-3426 EM
Type of business . . :
Email renewals . . :
Total amount due . . : .00
Phone : 954 721-3426
Social security . . :
Drivers license . . :
Date of birth . . . :



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Brady's Irish Pub

Owner's Name: Tom Read

Address: 986 South State Road 7, Margate, FL 33068

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 7/2014 to 7/2015. (The annual period for renewals or modified period for conditional renewals).

4 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:

Detective B. Chevres

Background completed by

7/21/2015

Date

Additional comments:

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: Centenario Night club PHONE: 954 410 5440
2. NAME OF BUSINESS ORGANIZATION: Centenario Night club
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 199 stata Rd 7 margate FL 33068
No. and Street City State Zip
4. APPLICANT'S NAME: Luis Anaya PHONE: *954-683-1611
- 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 and Wine
8. DATE: 6-24-15 APPLICANT'S SIGNATURE [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:
City Clerk's Office
City Of Margate
5790 Margate Boulevard
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV1620858

RECEIVED

JUN 24 2015

(P) 7/1/15
FIGHT/ALARMS
DENIED 3062
7/23/15

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

DISTRICT E

POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: None

Authority:  Date: July 7, 2015

Dana E. Watson, Chief of Police

Business: 6594 CENTENARIO NIGHTCLUB LLC

Business address199 S STATE ROAD 7
MARGATE

FL 330685722

Mailing addressATTN: LUIS ANAYA
8552 NW 8TH CT
CORAL SPRINGS

FL 33065

Location ID . . . : 226598

Date opened . . . : 9/26/13

Federal tax ID . . : [REDACTED]

Business phone . . : 954 410-5440

Status/date . . . : A 10/02/13

Email address . . : loshangers@yahoo.com

Contractor flag . . :

Type of ownership . . : C

Secondary phone/type:

Type of business . . :

Email renewals . . :

Owner Information

Total amount due . . : .00

Phone : 954 410-5440

ANAYA, LUIS

8552 NW 8TH CT

CORAL SPRINGS FL 33065

Email address . . : loshangers@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: CENTENARIO NIGHT CLUB

Owner's Name: LUIS ANAYA

Address: 199 S SR 7 MARGATE, FL 33068

Phone #: 954 4105440

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 _____ to _____. (The annual period for renewals or modified period for conditional renewals).

10 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:

Jared Schwartz #3396
Background completed by

7/7/15
Date

Additional comments:

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

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

Please check one of the following: New Application ☐

Renewal Application ☒

1. CORPORATE NAME: GOLDCHOICE PRODUCTION INC PHONE: (954) 984-9544
2. NAME OF BUSINESS ORGANIZATION: GOLDCHOICE BALLROOM
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 345 S. STATE RD 7 MARGATE FL 33068
No. and Street City State Zip
4. APPLICANT'S NAME: WILLY JEAN-JACQUES PHONE: [REDACTED]
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation ☒ *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 2COP
8. DATE: 7/15/15 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 BEV1618372

RECEIVED JUL 15 2015

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, JERIN-JACQUES TITLE: President

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

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

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

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

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

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

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

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

OFFICE USE ONLY

DISTRICT D

POLICE DEPARTMENT REVIEW:

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

Comments: None

Authority: [Signature] Date: August 5, 2015
Dana E. Watson, Chief of Police



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: GOLD CHOICE BALLROOM

Owner's Name: WILLY JEAN-JACQUES

Address: 345 S SR 7

Phone #: 9549849544

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 7/15/14 to 7/15/15. (The annual period for renewals or modified period for conditional renewals).

4 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:

Background completed by Jared Schwartz

Date 7/21/15

Additional comments:

Rec. SU#3057
08/05/15

Yes 08/11/15

Business: 3965 GOLD CHOICE BALLROOM

Business address

345 S STATE ROAD 7

MARGATE

FL 330685704

Mailing address

GOLD CHOICE PRODUCTIONS, INC.

343-345-347 S STATE ROAD 7

MARGATE

FL 330685704

Location ID . . . : 230988

Date opened . . . : 8/18/06

Federal tax ID . . : [REDACTED]

Business phone . . : 954 984-9544

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

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

Contractor flag . . :

Type of ownership . . : C

Secondary phone/type:

Type of business . . :

Email renewals . . :

Owner Information

JEAN-JACQUES, WILLY

12351 NW 25TH ST

Total amount due . . : 00

Phone : [REDACTED]

Social security . . : [REDACTED]

Drivers license . . : [REDACTED]

Date of birth . . . : [REDACTED]

CORAL SPRINGS FL 33065

Email address . . :

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information

F9=Display licenses

F12=Cancel

F24=More keys

OL110I01

CITY OF MARGATE
License Master Inquiry

7/15/15
17:13:03

Business control nbr : 3965
License number : 15 00004604
Pin number : 8321

Last activity:

Updated: 12/29/14 by PEARLG

Business name & address

GOLD CHOICE BALLROOM

345 S STATE ROAD 7

MARGATE

FL 330685704

Mailing address

GOLD CHOICE PRODUCTIONS, INC.

343-345-347 S STATE ROAD 7

MARGATE

FL 330685704

Classification : 06001

DANCING SCHOOLS - ADULT

Exemption applied :

License status, date : ACTIVE

12/29/14

Appl, issue date : 12/17/14 10/01/14

Expiration, valid thru : 9/30/15 9/30/15

Gross receipts amount : .00

Date renewal printed :

Date printed, reprinted :

Prior license : 14 00004604

Municipal code reference :

Press Enter to continue.

More...

F3=Exit F5=Additional charges F6=Charges F7=Miscellaneous information
F9=Additional requirements F10=Receipts F24=More keys

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

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

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

1. CORPORATE NAME: Jawil Enterprises Corp PHONE: 954 3664212
2. NAME OF BUSINESS ORGANIZATION: Masters Bulliards
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 201 S. State Road 7 Margate, FL 33063
No. and Street City State Zip
4. APPLICANT'S NAME: Ingrid C. Avila PHONE: [REDACTED]
HOME ADDRESS: [REDACTED]
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship () *Partnership ☒ *Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: BEV 1615236 4COPSRX
8. DATE: 6/8/15 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 1615236

RECEIVED

JUN 16 2015

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. Arula TITLE: President

HOME ADDRESS: [REDACTED]

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

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

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

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

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

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

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

OFFICE USE ONLY

DISTRICT E

POLICE DEPARTMENT REVIEW:

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

Comments: None

Authority: [Signature] Date: June 25, 2015
Dana E. Watson, Chief of Police



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name:

Owner's Name:

Address:

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:

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 06-01-14 to 06-01-15. (The annual period for renewals or modified period for conditional renewals).

Total number of calls for service /

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

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

\$ 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: THERE IS AN OPEN INVESTIGATION BEING CONDUCTED BY

Det. [Signature] 3321

Background completed by

06-24-15
Date

SEE ATTACHED

Additional comments:

Jawil Enterprises

Howard, Dale [Dale.Howard@myfloralicense.com]

Sent: Thursday, June 25, 2015 9:28 AM

To: Julio Fernandez

Lic Type 4006 - Retail Beverage		Status 20 Under Investigation		Status Date 05/29/2015	
Complaint # 2015023311		Case Type ABT - ABT		Disposition Date	
Docket#		Respondent JAWIL ENTERPRISES CORP		Responsible ahfame - INFANTE, ALBERTO	
Complaint		Resident		Complainant	
Addt Info		Source LIC - Licensee		Security Level 1	
Form PHONE - PHONE		Priority		Partes	
Classn 306 - Enforcement		Complntry R - Regular		Allegations	
Security STND - Standard		Incident 05/26/2015		Violations	
Region FL - Ft. Lauderdale		Received 05/26/2015		Related	
Reference		Entered By ysmih1		Inspection	
Entered 05/26/2015		By ahfame		Costs	
Summary A complaint was received from Gloria (954)267-4324 of La Rosca #1616473, alleging that Masters Billiards location at 205 S. State Rd 7, Margate is selling alcoholic beverages without a license, doing (locality), and operating a club and NOT selling food, which she claims is not fair to her because she is paying \$5000 a month in rent and still has not been able to get an SRX license. Complainant wants to speak to the case agent.		Time Tracking		Auto As	
Updated 05/26/2015 18:39:04		Attachments		Hist	
		Work Notes		Print Re	
Change		Save		CK	
				Cancel	
				Be	

Dale E. Howard Jr.
Operational Review Specialist
Alcoholic Beverages & Tobacco
850.717.1127