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 A | pplication <u></u> |
|------------|---|---|--|--|
| 1. | CORPORATE NAME: Virgils Ventures 1 | <u>lc</u> | PHONE: | 9543091427 |
| 2. | NAME OF BUSINESS ORGANIZATION: (Name which the business or | Drish (| 10 b | 4) |
| <i>3</i> . | ADDRESS: 1045,1047,1049,1051 N.S.R. | a l | gate | F1 33063 State Zip |
| 4. | APPLICANT'S NAME: William McDonal | 14 | PHONE: | |
| | HOME ADDRESS: 6294 NW 17 St | Margate | Str. | L 33063 |
| 5. | APPLICANT'S DATE OF BIRTH: | (This line | | ompleted in order to process |
| | BUSINESS ENTITY: Sole Proprietorship () *Partnership () * Co. of business is partnership or corporation the reverse side of this for your from will be returned to you. | rporation () *Lim rm must be compl | nited Liabili l <mark>eted. If the</mark> | ty Corporation (LLC) (*)*If form reverse side is not completed |
| <i>7</i> . | TYPE OF LIQUOR LICENSE: 2 COP | | | |
| 8. | DATE: 8 20 15 APPLICANT'S SIGNATURE: | | | |
| 9. | RETURN APPLICATION WITH \$150 FILING FEE TO: | City Clerk's Office City Of Margate 5790 Margate Bo Margate, FL 3306 | oulevard | RECEIVED |
| 10. | STATE BEVERAGE LICENSE NUMBER BEVILLIST | 74 | | AUG 2 4 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: ___ HOME ADDRESS: ______PHONE: (This line must be completed in order to process your request. If left DATE OF BIRTH: blank, your form will be returned to you.) NAME: HOME ADDRESS: ______ PHONE: (This line must be completed in order to process your request. If left DATE OF BIRTH: blank, your form will be returned to you.) NAME:____ _______TITLE:_____ HOME ADDRESS: ______PHONE: (This line must be completed in order to process your request. If left DATE OF BIRTH: 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: The dusiness has open Carle Violations

OL100I01

CITY OF MARGATE Business Master Inquiry

8/25/15 10:50:44

6541 O'MEARA'S IRISH PUB Business: <u>Business address</u> 1047 N STATE ROAD 7 Mailing address
VIRGIL'S VENTURES LLC MARGATE FL 330633639 1047-1049 N STATE ROAD 7 MARGATE FL 330633639 Location ID . . . : 226366 Contractor flag . . : Date opened . . : 8/28/13 Type of ownership . : Secondary phone/type: Type of business . : Email renewals . . : Federal tax ID . Business phone . Status/date . . . 954 309-1427 Α 8/29/13 Email address . . : coastmgmtgroup@aol.com Owner Information Total amount due .: .00 MCDONALD, WILLIAM 6289 NW 17TH ST Phone : : : 954 309-1427

MARGATE FL 33063

Email address . : wmcdonald39@comcast.net

Press Enter to continue.

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



Business Name: O'Mearas Irish Pub

MARGATE POLICE DEPARTMENT SPECIAL PERMIT FOR EXTENDED HOURS ALCOHOLIC BEVERAGE SALES

ALCOHOLIC BEVERAGE SALES INDICES CHECK

Owner's Name: William McDonald

| Address: 1045, 1047, 1049, 1051 N SR 7 Margate, FL. 33063 Phone #: 954-309-1427 | | | | | |
|---|--|--|--|--|--|
| 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: | | | | | |
| 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 08/01/14to 08/20/15. (The annual period for renewals or modified period for conditional renewals). | | | | | |
| 6 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? | | | | | |
| Does the business have any unpaid alarm fees or fines? | | | | | |
| \$0 Total amount of unpaid alarm fees or fines (Attach documentation, if applicable) | | | | | |
| Does the business have a current City of Margate occupational license? | | | | | |
| Does the business have a current State of Florida alcoholic beverage license? X Yes No | | | | | |
| Does the business have any open or historical code compliance issues? | | | | | |
| | | | | | |

Explain: On 8/13/15 Chief Mechanical Inspector Richard Nixon and Fire Inspector Kevin Wilson responded to 1047 N. State Road 7 after receiving a complaint of renovations being done without a permit. They found that a wall was taken down between bays 1049 and 1051. They also found that an opening was cut to allow access to bay 1045 from 1047. The owner William McDonald was advised that he could not occupy bays 1045 and 1051 and that he would be required to submit plans and obtain building permits to occupy those spaces. The Fire

SPECIAL PERMIT FOR EXTENDED HOURS ALCOHOLIC BEVERAGE SALES INDICES CHECK

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Prevention code and the Florida Building code also require for that size assembly an automatic fire sprinkler system and a fire alarm which he does not have.

Background completed by

Additional comments:

Date