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

RECEIVED
OCT - 8 2015

# APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

## ALCOHOL SALES FOR CONSUMPTION ON PREMISE

*Please check one of the following:* **New Application** ✓ **Renewal Application** ___

1. *CORPORATE NAME:* Doherty Apple South Florida LLC *PHONE:* 954-969-0866
2. *NAME OF BUSINESS ORGANIZATION:* Applebee's Neighborhood Grill & Bar
   *(Name which the business operates under/fictitious name/DBA)*
3. *ADDRESS:* 5377 W. Atlantic Blvd. (No. and Street) Margate (City) FL 33063 (State Zip)
4. *APPLICANT'S NAME:* Jerry Marcopoulos *PHONE:* [redacted]
   *HOME ADDRESS:* [redacted] (No. and Street) [redacted] (City) [redacted] (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 from will be returned to you.*
7. *TYPE OF LIQUOR LICENSE:* 4COP SRX
8. *DATE:* 9-4-2015 *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* BEV 1617953

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

*NAME:* Doherty Apple Florida LLC *TITLE:* 100% Member

*HOME ADDRESS:* 7 Pearl Court Allendale, NJ 07401 *PHONE:* 201-818-4669

*DATE OF BIRTH:* 4/22/13 (date of formation) *(This line must be completed in order to process your request. If left blank, your form will be returned to you.)*

*NAME:* Jerry Marcopoulos *TITLE:* Manager

*HOME ADDRESS:* [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:* Timothy Doherty *TITLE:* Manager

*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:* October 22, 2015

Chief of Police Dana E. Watson

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 07-21-2015

Employer Identification Number:
[redacted]

Form: SS-4

Number of this notice: CP 575 G

DOHERTY APPLE SOUTH FLORIDA LLC
APPLEBEES NEIGHBORHOOD GRILL & BAR
% JERRY MARCOPOULOS SOLE MBR
7 PEARL CT
ALLENDALE, NJ 07401

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [redacted] This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is DOHE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G15000076446

**Fictitious Name to be Registered:** APPLEBEE'S NEIGHBORHOOD GRILL & BAR

**Mailing Address of Business:** 7 PEARL COURT
ALLENDALE, NJ 07401

**Florida County of Principal Place of Business:** MULTIPLE

**FEI Number:**

**FILED**
**Jul 23, 2015**
**Secretary of State**

**Owner(s) of Fictitious Name:**

SW RANCHES HOSPITALITY, LLC
6670 DYKES RD
SW RANCHES, FL 33331 US
Florida Document Number: L15000121107
[redacted]

DOHERTY APPLE SOUTH FLORIDA, LLC
10135 PINES BLVD.
PEMBROKE PNES, FL 33026 US
Florida Document Number: L15000121106
[redacted]

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

JERRY MARCOPOULOS — 07/23/2015
Electronic Signature(s) — Date

**Certificate of Status Requested ( )** **Certified Copy Requested ( )**

# Electronic Articles of Organization
# For
# Florida Limited Liability Company

L15000121106
FILED 8:00 AM
July 16, 2015
Sec. Of State
gmcleod

## Article I

The name of the Limited Liability Company is:

DOHERTY APPLE SOUTH FLORIDA, LLC

## Article II

The street address of the principal office of the Limited Liability Company is:

7 PEARL COURT
ALLENDALE, NJ. US 07401

The mailing address of the Limited Liability Company is:

7 PEARL COURT
ALLENDALE, NJ. US 07401

## Article III

The name and Florida street address of the registered agent is:

NORTHWEST REGISTERED AGENT, LLC
3030 N ROCKY POINT DR
TAMPA, FL. 33607

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ZENA SERRANO

L15000121106
FILED 8:00 AM
July 16, 2015
Sec. Of State
gmcleod

## Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
JERRY MARCOPOULOS
7 PEARL COURT
ALLENDALE, NJ. 07401 US

## Article V

The effective date for this Limited Liability Company shall be:

08/24/2015

Signature of member or an authorized representative

Electronic Signature: ZENA SERRANO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

12:20:05 PM 10/6/2015

## Licensee Details

### Licensee Information

| | |
|---|---|
| Name: | DOHERTY APPLE SOUTH FLORIDA LLC (Primary Name) |
| | APPLEBEES NEIGHBORHOOD GRILL & BAR (DBA Name) |
| Main Address: | 7 PEARL COURT<br>ALLENDALE New Jersey 07401 |
| County: | OUT OF STATE |
| License Mailing: | |
| LicenseLocation: | 5377 WEST ATLANTIC BLVD<br>MARGATE FL 33063 |
| County: | BROWARD |

### License Information

| | |
|---|---|
| License Type: | Retail Beverage |
| Rank: | 4COP |
| License Number: | BEV1617953 |
| Status: | Current,Active |
| Licensure Date: | 08/27/2015 |
| Expires: | 03/31/2016 |

| Special Qualifications | Qualification Effective |
|---|---|
| Invoice Sent | 10/01/2015 |
| Restaurant - COP Only | 08/27/2015 |

### 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

The State of Florida is an AA/EEO employer. Copyright 2007-2010 State of Florida. Privacy Statement

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: Applebee's Owner's Name: Jerry Marcopoulos

Address: 5377 N. Atlantic Blvd Phone #: 954-969-0806

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 10.1.14 to 10.8.15 (The annual period for renewals or modified period for conditional renewals).

**Total number of calls for service** 26

**Number of violations, crimes and type (Attach police reports or other documentation)**
Burglary business, Domestic Violence Battery Arrest

**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:

Dot Eve Blake 10/20/15

Background completed by Date

Additional comments:

Rec. 10/22/15 SUP#3057, TOT Lt. Galaska

Rec. 10/22/15 GALASKA NO KNOWN ISSUES

TOT CAPT. SHAW Rec'd. Capt. J. Shaw 10/21/15 T.O.T. Chief Watson