

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

RECEIVED

OCT 20 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: BLUE STAR RESTAURANT & LOUNGE PHONE: 954-906-5983
2. NAME OF BUSINESS ORGANIZATION: PARROT COVE ISLAND BAR AND GRILL  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 8000 WEST SAMPLE RD MARGATE FLA 33065  
No. and Street City State Zip
4. APPLICANT'S NAME: JEAN ROBERT LAURENT 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 SRX
8. DATE: 10/20/15 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 BEV1621482
- [REDACTED]

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:

None

Authority:

  
Chief of Police Dana E. Watson

Date:

11/10/15



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

Business Name: Blue Star Restaurant & Lounge

Owner's Name: Jean Robert Laurent

Address: 8000 W. Atlantic Blvd

Phone #: 561-901-6366

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 11/1/14 to 11/9/15. (The annual period for renewals or modified period for conditional renewals).

See Attached Total number of calls for service

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

None Noted 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. Michael Shapira

11/9/15

Background completed by

Date

Rec. SU#3057 11/10/15, TOT Lt. Galasso

LA. J. GALASSO 11/10/15. NO OTHER ISSUES. L2 JB TOT CAPT. J. SHAW

Reviewed - No Issues. Capt. J. Shaw 11/10/15 T.O.T. Chief Wilson.

Business: 7108 PARROT COVE ISLAND BAR &amp; GRILL

Business address8000 W SAMPLE RD  
MARGATE

FL 330654714

Mailing addressBLUE STAR RESTAURANT & LOUNGE  
8000 W SAMPLE RD

MARGATE

FL 330654714

Location ID . . . : 228608  
Date opened . . . : 5/12/15  
Federal tax ID . . : 473068995  
Business phone . . : 954 673-7574  
Status/date . . . : A 5/12/15  
Email address . . : [REDACTED]Contractor flag . . :  
Type of ownership . : C  
Secondary phone/type:  
Type of business . . :  
Email renewals . . :Owner InformationLAURENT, JEAN R  
[REDACTED]Total amount due . : 168.75  
Phone . . . . . : [REDACTED]

Email address . : [REDACTED]

Press Enter to continue.

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