

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: Norman Johnson Inc PHONE: [REDACTED]
2. NAME OF BUSINESS ORGANIZATION: Inkwell  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 238 N. St. Road 7 Margate FL 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: Michael Rand 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: 2 COP
8. DATE: 12/29/15 APPLICANT'S SIGNATURE: Michael Rand
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 1620674

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: Michael Rand 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: \_\_\_\_\_ 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 C

**POLICE DEPARTMENT REVIEW:**

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

Comments: None

Authority: [Signature] Date: 01/19/16



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

Business Name: Ink Well Pub; Norman Johnson Inc. Owner's Name: Michael Rand  
Address: 238 N. State Road 7. Phone #: [REDACTED]

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 11/2014 to 12/2015 (The annual period for renewals or modified period for conditional renewals).

1 Total number of calls for service Case #15-022368  
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)

Per FD AB&T - no fees or fines active  
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

case-02-100124, active from 2002, no building permit.  
Explain:

Background completed by [Signature]

Date 12/31/15

Additional comments:

Rec. 12/31/15 SU# 3057, TOT Capt. Shaw

Reviewed Capt. J. Shaw 01/05/16