

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: JTD Golf Properties LLC PHONE: 954 753 3900
2. NAME OF BUSINESS ORGANIZATION: Corativa Club / MC Divots Restaurant  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 3011 Rock Island Rd Margate FL 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: Celestino D. Ayala 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: CC
8. DATE: 6.21.16 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 1607460

RECEIVED

JUL - 7 2016

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: \_\_\_\_\_

Dana E. Watson, Chief of Police

Date: 08/18/16



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](http://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
BEV1607460	GC	

The RETAILER OF ALCOHOLIC BEVERAGES  
Named below IS LICENSED

Under the provisions of Chapter 561 FS.

Expiration date: MAR 31, 2017

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: 03/10/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1603100001058

OL110I01

CITY OF MARGATE  
License Master Inquiry

7/07/16  
11:39:34

Business control nbr : 2270  
License number : 16 00002701  
Pin number : 5339

Last activity:

Updated: 01/04/16 by PEARLG

Business name & address

CAROLINA COUNTRY CLUB  
3011 N ROCK ISLAND RD  
MARGATE FL 33063

Mailing address

3011 N ROCK ISLAND RD  
MARGATE FL 33063

Classification : 17001 UNCLASSIFIED

Exemption applied :

License status, date : FIRST RENEWAL MAILED 7/07/16

Appl, issue date : 9/21/15 10/01/15

Expiration, valid thru : 9/30/16 9/30/16

Date renewal printed : 7/07/16

Date printed, reprinted : 9/21/15

Prior license : 15 00002701

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys





# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Carolina Club/McDivot's Restaurant

Owner's Name: Celestino Avila

Address: 3011 Rock Island Road, Margate, FL 33063

Phone #: (305) 398-4064

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 8/2015 to 8/2016. (The annual period for renewals or modified period for conditional renewals).

25 **Total number of calls for service**

\*3 **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

\$0.00 **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

8/15/2016

Background completed by

Date

Additional comments: \*3 reports for incidents/crimes are attached (1-Criminal Mischief, 1-Property Damage, 1-Theft) that occurred at this location however the business was not criminally liable for these acts. They simply occurred on the business property.

Rec. 08/16/16 SV#3057, TOT Lt. Galaska

LT GALASKA, TO CAPT. J. SHAW 8/17/16

ON Capt. J. Shaw 08/19/17

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: 954-846-4590
2. NAME OF BUSINESS ORGANIZATION: El Balcon de Las Americas  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1932 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: 2 COP
8. DATE: 6-6-16 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

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: [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: Debbie Tobar

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 B

**POLICE DEPARTMENT REVIEW:**



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments: None

Authority: [Signature]

Dana E. Watson, Chief of Police

Date: \_\_\_\_\_

June 9, 2016



**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

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 09/2015 to 06/2016. (The annual period for renewals or modified period for conditional renewals).

13 **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: 5 previous code compliance issues that are closed. See attached paperwork.

Detective Jared Schwartz

06/16/16

Background completed by

Date

Additional comments:

Rec. 06/16/16 SU#3057, TOT Lt. Galasko

Reviewed. Capt. J. Shaw 06/16/16

----- STATEMENT -----

DATE: 6/13/16  
ACCOUNT#: 9932

EL BALCON DE LAS AMERICAS  
7932 W SAMPLE RD  
MARGATE FL 33063

ALARM LOCATION:  
7932 W SAMPLE RD  
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

Business control nbr . . : 861  
License number . . . . : 16 00001045  
Pin number . . . . . : 9768  
Business name & address  
EL BALCON DE LAS AMERICAS INC  
7932 W SAMPLE RD #1  
MARGATE FL 330654712  
Mailing address  
7932 W SAMPLE RD  
MARGATE FL 330654712  
Classification . . . . . : 14503 RESTAURANTS CAPACITY 16-50  
Exemption applied . . . . :  
License status, date . . : ACTIVE 10/21/15  
Appl, issue date . . . . : 10/21/15 10/01/15  
Expiration, valid thru . : 9/30/16 9/30/16  
  
Date renewal printed . . :  
Date printed, reprinted . : 10/21/15  
Prior license . . . . . : 15 00001045  
Municipal code reference :  
**Press Enter to continue.**  
**F3=Exit**  
**F7=Miscellaneous information**  
**F9=Additional requirements**  
**F24=More keys**  
**More...**



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 Lucelis CORP. PHONE: 954-248-7850
2. NAME OF BUSINESS ORGANIZATION: EL Bohio de mama Restaurant  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 2179 N state Road 7 Margate FL 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: Anito Rodriguez 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: ALCOHOLIC BEVERAGES
8. DATE: 6-30-16 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 BEV1621182

RECEIVED

JUN 30 2016

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: 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: 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: \_\_\_\_\_ 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: No comments

Authority: [Signature]

Dana E. Watson, Chief of Police

Date: July 28, 2016

OL110I01

CITY OF MARGATE  
License Master Inquiry

6/30/16  
14:40:50

Business control nbr . : 6822  
License number . . . . : 16 00008008  
Pin number . . . . . : 2365

Last activity:

**Created: 09/29/15 by PEARLG**

Business name & address

EL BOHIO DE MAMA RESTAURANT

2179 N STATE ROAD 7

MARGATE

FL 330635713

Classification . . . . . : 14504

Exemption applied . . . . . :

License status, date . . . : ACTIVE

Appl, issue date . . . . . : 9/29/15 10/01/15

Expiration, valid thru . . : 9/30/16 9/30/16

Mailing address

A & L LUCELIS CORP

2179-2181 N STATE ROAD 7

MARGATE

FL 330635713

RESTAURANTS CAPACITY 51-150

9/29/15

Date renewal printed . . . :

Date printed, reprinted . . : 9/29/15

Prior license . . . . . : 15 00008008

Municipal code reference :

**Press Enter to continue.**

**F3=Exit**

**More...**

**F7=Miscellaneous information**

**F9=Additional requirements**

**F24=More keys**



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### BACKGROUND CHECK



Business Name: El Bohio de Mama Restaurant

Owner's Name: Ydalisa Arias/ Anito Rodriguez

Address: 2179-2181 N SR7 Margate, FL 33063

Phone #: 954-248-7850

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 06-01-15 to 06-30-16. (annually period for renewals/modified period for conditionals)

2 Number of calls for service

1 Number of violations, crimes and type (use detail)

case #37-1604-011389 A battery occurred on 04-03-16 between two males. One male suffered a cut to the head but no one wanted to prosecute.

0 Number of alcohol / tobacco violations (use detail)

0 No violations

\$0 Outstanding alarm fees

Detail: N/A

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

Explain: Valid thru September 30, 2016

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

Explain: Valid thru March 31, 2017

Det. Julio O. Fernandez

07-19-16

Background completed by

Date

Rec. SU#3057, 07/19/16, TOT Lt. Galaska

L725 GALASKA 7/25/16, TOT CAPT J. SFRAN

Received. OK Capt. J. Sfr 07/28/16

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: 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 SANDPIPER 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: RETAILER OF ALCOHOLIC BEVERAGES 4COP SRX
8. DATE: 06/30/16 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 1621482

RECEIVED

JUN 29 2016

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: JEAN ROBERT LAURENT 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 B

**POLICE DEPARTMENT REVIEW:**

☒ Recommend Approval

☐ Recommend Review by City Commission

☐ Recommend Rejection

Comments: None

\_\_\_\_\_  
\_\_\_\_\_

Authority: [Signature] Date: 08/18/16

Dana E. Watson, Chief of Police



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Profit Corporation**

BLUE STAR RESTAURANT &amp; LOUNGE INC

**Filing Information**

Document Number	P15000013083
FEI/EIN Number	[REDACTED]
Date Filed	02/09/2015
Effective Date	02/09/2015
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	03/06/2015
Event Effective Date	NONE

**Principal Address**8000 W SAMPLE ROAD  
MARGATE, FL 33065

Changed: 03/06/2015

**Mailing Address**8000 W SAMPLE ROAD  
MARGATE, FL 33065

Changed: 03/06/2015

**Registered Agent Name & Address**HIRSCH & COMPANY CPAS INC  
301 YAMATO RD, STE 1130  
BOCA RATON, FL 33431**Officer/Director Detail****Name & Address**

Title P

LAURENT, JEAN R  
[REDACTED]**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2016	03/28/2016

**Document Images**[03/28/2016 -- ANNUAL REPORT](#)[View image in PDF format](#)[03/06/2015 -- Amendment](#)[View image in PDF format](#)[02/09/2015 -- Domestic Profit](#)[View image in PDF format](#)[Copyright © and Privacy Policies](#)

State of Florida, Department of State

OL110I01

CITY OF MARGATE  
License Master Inquiry

6/30/16  
08:30:01

Business control nbr . . : 7108  
License number . . . . : 16 00008329  
Pin number . . . . . : 3595

Last activity:

Created: 10/19/15 by PEARLG

Business name & address

PARROT COVE ISLAND BAR & GRILL  
8000 W SAMPLE RD

Mailing address

BLUE STAR RESTAURANT & LOUNGE  
8000 W SAMPLE RD

MARGATE FL 330654714

MARGATE

FL 330654714

Classification . . . . . : 14505

RESTAURANTS CAPACITY OVER 150

Exemption applied . . . . . :

License status, date . . : ACTIVE

10/20/15

Appl, issue date . . . . . : 9/30/15 10/01/15

Expiration, valid thru . . : 9/30/16 9/30/16

Date renewal printed . . :

Date printed, reprinted . : 10/19/15

Prior license . . . . . : 15 00008329

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Parrot Cove Island Bar & Grill

Owner's Name: Jean Robert Laurent

Address: 8000 West Sample Road, Margate, FL 33063

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 8/2015 to 8/2016. (The annual period for renewals or modified period for conditional renewals).

32 **Total number of calls for service**

\*3 **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

\$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

8/15/2016

Date

Additional comments: \*3 reports for incidents/crimes are attached (2-Criminal Mischief, 1-Battery) that occurred at this location however the business was not criminally liable for these incidents. They simply occurred on the business property.

Rec 08/16/16 SV#3057, TOT Lt. Salas  
LT J. GALASHA, 77 CAPT. J. SHAW 8/17/16  
ON Capt. J. Shaw 08/19/17

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 X

Renewal Application Y

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 W. ATLANTIC BLVD. MARGATE FL 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: JERRY 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: 5-23-16 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 1600494

RECEIVED

MAY 31 2016

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: [REDACTED] (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: \_\_\_\_\_

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: Dana E. Watson, Chief of Police

Date: June 20, 2016





# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Gerri's Sports Pub

Owner's Name: Magin Inc,

Jerry Oles & Candace Smith

Address: 6500 W Atlantic Blvd, Margate FL 33063

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: \*Candace Smith arrested on 12/17/2015: Possession of Cocaine, Violation of FSS 893.03(2)(a)4  
12/17/2015, Court: Adjudication Withheld

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 06/01/15 to 06/01/16. (The annual period for renewals or modified period for conditional renewals).

17 **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:

SPECIAL PERMIT FOR EXTENDED HOURS  
ALCOHOLIC BEVERAGE SALES  
INDICES CHECK

page 2

Detective Eric Womer #3429 *EW*  
Background completed by

06/07/2016  
Date

Additional comments:

----- STATEMENT -----

GERRI'S SPORTS PUB  
6500 W ATLANTIC BLV  
MARGATE FL 33063

DATE: 6/02/16  
ACCOUNT#: 3704

ALARM LOCATION:  
6500 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

6/02/16  
08:48:53

Business control nbr : 2976  
License number : 16 00003527  
Pin number : 1510

Last activity:

Updated: 08/25/15 by PEARLG

Business name & address

GERRI'S SPORTS PUB

6500 W ATLANTIC BLVD

MARGATE

FL 330635135

Classification : 14503

Exemption applied :

License status, date : ACTIVE

Appl, issue date : 8/25/15 10/01/15

Expiration, valid thru : 9/30/16 9/30/16

Mailing address

MAGIN, INC.

6500 W ATLANTIC BLVD

MARGATE

FL 330635135

RESTAURANTS CAPACITY 16-50

8/25/15

Date renewal printed :

Date printed, reprinted : 8/25/15

Prior license : 15 00003527

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys

Done 6/7/16 D

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 5530
2. NAME OF BUSINESS ORGANIZATION: JASMINE THAI SUSHI RESTAURANT  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1785 No. STATE RD 7 MARGATE, FL. 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: PETER HONGNOR KHUN 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 (X) \*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 COB SRX
8. DATE: 5/22/2016 APPLICANT'S SIGNATURE: Peter
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 1613519

RECEIVED

MAY 31 2016

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 HONGNOKKHUN 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: BENJAMINE HONGNOKKHUN 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 HONGNOKKHUN 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: None

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

Date: June 13, 2016





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

Business Name: Jasmine Thai & Sushi Restaurant

Owner's Name: Peter Hongnophkun

Address: 1437 East River Drive, Margate, FL 33063

Phone #: (954) 854-1899

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: N/A

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: N/A

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: N/A

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 6/2015 to 6/2016. (The annual period for renewals or modified period for conditional renewals).

**2 Total number of calls for service**

**2 - Unrelated to Business (Theft and Burglary) 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:

Detective Brian Chevres

Background completed by

6/7/2016

Date

Rec. 06/09/16 50#3057, TOT Capt. Shea

OK - Capt. J. Shea 06/10/16

----- STATEMENT -----

DATE: 6/02/16  
ACCOUNT#: 1245

JASMINE THAI/CHINESE REST  
1785 N SR 7  
MARGATE FL 33063

ALARM LOCATION:  
1785 N SR 7  
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
11/05/1998	98047573	CITATION FEE POLICE ALARM	100.00
11/05/1998		SETUP/REINSTAMENT FEE POLICE ALARM	25.00
11/10/1998		PAYMENT CHECK	25.00-
11/05/1998	98047573	FEE WAVED POLICE ALARM	100.00-

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

Business control nbr . . . :	6329	
License number . . . . . :	16 00007431	<u>Last activity:</u>
Pin number . . . . . :	5604	<u>Updated: 08/18/15 by PEARLG</u>
<u>Business name &amp; address</u>		<u>Mailing address</u>
JASMINE THAI & CHINESE REST.,		1785 LLC
1785 N STATE ROAD 7		1785 N STATE ROAD 7
MARGATE	FL 330635705	MARGATE FL 330635705
Classification . . . . . :	14504	RESTAURANTS CAPACITY 51-150
Exemption applied . . . . . :		
License status, date . . . :	ACTIVE	8/20/15
Appl, issue date . . . . . :	8/18/15	10/01/15
Expiration, valid thru . . :	9/30/16	9/30/16

Date renewal printed . . . :  
Date printed, reprinted . . : 8/18/15  
Prior license . . . . . : 15 00007431  
Municipal code reference :

**Press Enter to continue.**  
**F3=Exit**  
**F7=Miscellaneous information**  
**F9=Additional requirements**  
**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: Sharkey Liquors Inc. PHONE: 954 292 8697
2. NAME OF BUSINESS ORGANIZATION: Sharkey Blvd. Lounge  
(Name which the business operates under fictitious name/DBA)
3. ADDRESS: 5889 Margate Blvd Margate 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: 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 (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: 2COP
8. DATE: 5-26-16 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 1607122

RECEIVED

JUN - 1 2016

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: Dawn Sharkey TITLE: Vice  
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: \_\_\_\_\_

Dana E. Watson, Chief of Police

Date: \_\_\_\_\_

June 15, 2016



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Sharkey Liquors Inc

Owner's Name: Thomas Sharkey,  
Dawn Sharkey

Address: 5889 Margate Blvd, Margate, FL, 33063

Phone #: 954-445-2244

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 06/01/15 to 06/01/16. (The annual period for renewals or modified period for conditional renewals).

2 **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:

Detective Michael Shapira #3350

Background completed by

06/08/2016

Date

Rec. SV#3057, 06/13/16, TOT Lt. Galashe  
LTB GALASHE 6/13/16  
TOT CAPT. J. SHAW

Reviewed 06/15/16  
Capt J. Shaw

SPECIAL PERMIT FOR EXTENDED HOURS  
ALCOHOLIC BEVERAGE SALES  
INDICES CHECK  
page 2

Additional comments:



CITY OF MARGATE  
License Master Inquiry6/02/16  
08:45:22

Business control nbr . . : 3659  
License number . . . . : 16 00004321  
Pin number . . . . . : 5591  
Business name & address  
SHARKEY'S BLVD. LOUNGE  
5889 MARGATE BLVD  
MARGATE FL 330632834  
Classification . . . . . : 11301  
Exemption applied . . . . :  
License status, date . . : ACTIVE  
Appl, issue date . . . . : 8/18/15 10/01/15  
Expiration, valid thru . : 9/30/16 9/30/16  
  
Date renewal printed . . :  
Date printed, reprinted . : 8/20/15  
Prior license . . . . . : 15 00004321  
Municipal code reference :  
Press Enter to continue.  
F3=Exit  
  
F7=Miscellaneous information  
F9=Additional requirements  
F24=More keys  
More...

Last activity:

Created: 08/20/15 by PEARLG

Mailing address

5889 MARGATE BLVD

MARGATE

FL 330632834

MERCHANT'S RETAIL STOCK LESS THAN \$1000

8/20/15

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: Norman Johnson Inc PHONE: 954-999-5917
2. NAME OF BUSINESS ORGANIZATION: Inkwell Pub  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 238 n. st. rd 7 Margate FL  
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: 6/21/16 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 BEV1620674

RECEIVED

JUN 27 2016

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: 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 C

**POLICE DEPARTMENT REVIEW:**

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

Comments: No comment

Authority: [Signature]

Date: July 20, 2016

**Dana E. Watson, Chief of Police**



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

Business Name: Norman Johnson, Inc. DBA Inkwell Pub    Owner's Name: Michael Rand

Address: 238 N. SR7 Margate, FL 33063

Phone #: (954)999-5917

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 7/01/2015 to 7/01/2016. (annually period for renewals/modified period for conditionals)

1      Number of calls for service

0      Number of violations, crimes and type (use detail)

0      Number of alcohol / tobacco violations (use detail)

\$0      Outstanding alarm fees

Detail: Business does not have a city alarm permit. *This business does NOT have an alarm. Capt MP 07/25/16*

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

Explain:

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

Explain:

Detective Bill Snyder #3493

7/06/2016

Background completed by

Date

*Rec. SU#3057, 07/07/16, TOT Lt. Galashue*

*L728641311 7/19/16 TOT CAP? SHAW*

*(OH) - Received Capt. J. Shaw A32m 07/18/16*

Business control nbr . . : 6419  
License number . . . . : 16 00007543  
Pin number . . . . . : 7714

Last activity:

Updated: 12/31/15 by PEARLG

Business name & addressINKWELL PUB  
238 N STATE ROAD 7

MARGATE FL 330634557

Classification . . . . . : 11302

Exemption applied . . . . . :

License status, date . . : ACTIVE

Appl, issue date . . . . : 10/28/15 10/01/15

Expiration, valid thru . : 9/30/16 9/30/16

Mailing address

NORMAN JOHNSON INC

238 N STATE ROAD 7

MARGATE FL 330634557

MERCHANT'S RETAIL STOCK \$1001-3000

10/28/15

Date renewal printed . . :

Date printed, reprinted . : 10/28/15

Prior license . . . . . : 15 00007543

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

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: James Carl Frederick American Legion Post 157 PHONE: 954-971-0882
2. NAME OF BUSINESS ORGANIZATION: James Carl Frederick American Legion Post 157  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1791 Meads Parkway MARGATE FL 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: Felipe D. Colopy 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: 6-1-16 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 1603508

RECEIVED

JUN - 1 2016

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: Jeffrey S. Colop

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: 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.)

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: June 13, 2016

**Dana E. Watson, Chief of Police**





# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: American Legion Post 157

Owner's Name: Jeffrey Colopy, Commander

Address: 1791 Mears Parkway, Margate, FL 33063

Phone #: 954-971-0882

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 September 2015 to June, 2016. (The annual period for renewals or modified period for conditional renewals).

8 **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. Paul Christman #3387

Background completed by

6/7/2016

Date

Additional comments:

*Rec'd 06/07/16 SV#3057, TOT Capt. Shaw*  
*OK Capt. Jan Shaw 06/10/16*

CITY OF MARGATE  
License Master Inquiry6/02/16  
08:45:46

Business control nbr : 4410  
License number : 16 00005111  
Pin number : 5472

Business name & address

JAMES CARL FREDERICK POST 157  
1791 MEARS PKWY  
MARGATE FL 330633748

Last activity:

Created: 09/17/15 by PEARLG

Mailing address

THE AMERICAN LEGION  
1791 MEARS PKWY  
MARGATE FL 330633748

Classification : 17801 FEE WAIVED NON PROFIT

Exemption applied :

License status, date : ACTIVE

9/17/15

Appl, issue date : 9/17/15 10/01/15

Expiration, valid thru : 9/30/16 9/30/16

Date renewal printed :

Date printed, reprinted : 9/17/15

Prior license : 15 00005111

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys

----- STATEMENT -----

DATE: 6/02/16  
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

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: 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. Margate FL 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: Jerry Marcopoulos PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED] Park Ridge [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: 06/22/16 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 BEV1617953

RECEIVED

JUN 27 2016

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: [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: 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.)

N/A 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.

N/A

OFFICE USE ONLY

DISTRICT D

POLICE DEPARTMENT REVIEW:

☒

Recommend Approval

☐

Recommend Review by City Commission

☐

Recommend Rejection

Comments: None

Authority: [Signature]

Date: July 20, 2016

Dana E. Watson, Chief of Police



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Applebee's Neighborhood Grill & Bar

Owner's Name: Jerry Marcopoulos

Address: 5377 W Atlantic Blvd

Phone #: 954-969-0866

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 07/01/15 to 07/01/16. (The annual period for renewals or modified period for conditional renewals).

19 **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:

*Det [Signature] #3483*  
Background completed by

*7/19/16*  
Date

Additional comments:

*Rec. 07/20/16 SU #3657, TOT Lt. Goldsue  
LRO GARCIA 7/20/16, TOT CPT. SHAW  
OK/Received. Capt. J. Shaw 07/20/16*

Business control nbr . : 7205  
License number . . . . : 16 00008434  
Pin number . . . . . : 8605

Business name & address  
APPLEBEE'S NEIGHBORHOOD GRILL  
5377 W ATLANTIC BLVD  
MARGATE FL 33063

Classification . . . . . : 14505

Exemption applied . . . . . :

License status, date . . : ACTIVE

Appl, issue date . . . . : 9/29/15 10/01/15

Expiration, valid thru . : 9/30/16 9/30/16

Last activity:

Updated: 12/01/15 by PEARLG

Mailing address

DOHERTY APPLE SOUTH FL, LLC  
7 PEARL COURT ATTN: JUN WU  
ALLENDALE NJ 074011654

RESTAURANTS CAPACITY OVER 150

Date renewal printed . . :

Date printed, reprinted . : 12/01/15 12/03/15

Prior license . . . . . :

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys



----- STATEMENT -----

DATE: 6/29/16  
ACCOUNT#: 8061

APPLEBEE'S NEIGHBORHOOD GRILL  
JERRY MARCOPOULOS. MGR  
7 PEARL COURT  
ALLENDALE NJ 07401

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

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: 804-417-2026
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: 7/7/16 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 BEN1600131

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: VPI/CFO

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: No Comments

Authority: [Signature] Date: July 28, 2016

Dana E. Watson, Chief of Police

CITY OF MARGATE  
License Master Inquiry7/11/16  
17:09:07

Business control nbr . . : 617  
License number . . . . : 16 00000732  
Pin number . . . . . : 6637  
Business name & address  
BRUNSWICK MARGATE LANES  
2020 N STATE ROAD 7  
MARGATE FL 330635712  
Classification . . . . . : 11303  
Exemption applied . . . . :  
License status, date . . : FIRST RENEWAL MAILED  
Appl, issue date . . . . : 9/21/15 10/01/15  
Expiration, valid thru . : 9/30/16 9/30/16

Last activity:

Updated: 09/22/15 by PEARLG

Mailing address

7313 BELL CREEK RD  
ATTN: TAX & LICENSING  
MECHANICSVILLE VA 23111  
MERCHANT'S RETAIL STOCK \$3001-10,000

Date renewal printed . . : 7/07/16  
Date printed, reprinted . : 9/21/15  
Prior license . . . . . : 15 00000732  
Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### BACKGROUND CHECK



Business Name: Brunswick Margate Lanes

Owner's Name: Thomas F. Shannon/ Brett I. Parker

Address: 2020 N. SR7 Margate, FL 33063

Phone #: 804-417-2026

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 06-01-15 to 06-30-16. (annually period for renewals/modified period for conditionals)

1 Number of calls for service

0 Number of violations, crimes and type (use detail)

0 Number of alcohol / tobacco violations (use detail)

0 No violations

\$0 Outstanding alarm fees

Detail: N/A

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

Explain: Valid thru September 30, 2016

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

Explain: Valid thru March 31, 2017

Det. Julio O. Fernandez

07-19-16

Background completed by

Date

Rec. SU#3057, 07/19/16, TOT Lt. Galaske  
Lt. O. GARCIA 7/25/16, TOT CAPT. J. SHAW

Received. @H Capt. J. Shaw 07/25/16

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: GUAYOS 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 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
8. DATE: 7/7/16 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 1600318

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: 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.)

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 20, 2016



RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



BEVENSE NUMBER	SERIES
BEV1600318	4COP

RETAILER OF ALCOHOLIC BEVERAGES  
named below IS LICENSED  
under the provisions of Chapter 565 FS.  
Expiration date: MAR 31, 2017

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



ISSUED: 03/30/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1603300001403

Business control nbr . . : 5408  
License number . . . . : 16 00006349  
Pin number . . . . . : 3793

Business name & address  
GUAPO'S COCKTAIL BAR & LOUNGE  
2160 MEARS PKWY  
MARGATE FL 33063

Classification . . . . . : 14504 RESTAURANTS CAPACITY 51-150

Exemption applied . . . . . :

License status, date . . : FIRST RENEWAL MAILED 7/07/16

Appl, issue date . . . . : 9/29/15 10/01/15

Expiration, valid thru . : 9/30/16 9/30/16

Date renewal printed . . : 7/07/16

Date printed, reprinted . : 9/29/15

Prior license . . . . . : 15 00006349

Municipal code reference :

**Press Enter to continue.**

**F3=Exit**

**F9=Additional requirements**

**More...**  
**F7=Miscellaneous information**

**F24=More keys**

----- STATEMENT -----

DATE: 7/14/16  
ACCOUNT#: 8501

GUAPOS COCKTAIL BAR & LOUNGE  
LUNA ENTERTAINMENT GROUP, INC  
2631 RIVERLAND DR  
FT LAUDERDALE FL 33312

ALARM LOCATION:  
2160 NW 19TH ST  
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
04/23/2010		SETUP/REINSTAMENT FEE POLICE ALARM	25.00
04/23/2010		PAYMENT CHECK	25.00-

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: Guapos Entertainment Group

Owner's Name: Melva Contreras

Address: 2160 Mears Parkway, Margate FL 33063

Phone #: (754) 366-5553

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 06/01/15 to 06/01/16. (The annual period for renewals or modified period for conditional renewals).

1 **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:

Detective Eric Womer #3429

Background completed by

07/19/2016

Date

Rec. SU#3057, 07/19/16, TOT Lt. Galasko

LT DET GALASKO 07/19/16, TOT CAPT. SHAW

Received. OK - Capt. J. Shaw 3am 07/19/16

SPECIAL PERMIT FOR EXTENDED HOURS  
ALCOHOLIC BEVERAGE SALES  
INDICES CHECK  
page 2

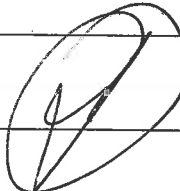
Additional comments:

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 OB INC 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 WALCOTT 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: 5/23/16 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 1607359

RECEIVED

MAY 31 2016

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: JENNIFER SCALETTA 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: JEANINE STANFORD TITLE: T  
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 5, 2016

**Dana E. Watson, Chief of Police**



Business control nbr . . : 4096  
License number . . . . : 16 00004749  
Pin number . . . . . : 3731

Last activity:

Created: 08/11/15 by PEARLG

Business name & address

JESSE'S XTREME SPORTS BAR

5438 W ATLANTIC BLVD

MARGATE FL 330635215

Mailing address

5438 W ATLANTIC BLVD

MARGATE

FL 33063

Classification . . . . . : 04803 COIN-OP GAMES (LIMIT 3)

Exemption applied . . . . :

License status, date . . : ACTIVE

8/11/15

Appl, issue date . . . . : 8/10/15 10/01/15

Expiration, valid thru . : 9/30/16 9/30/16

Date renewal printed . . :

Date printed, reprinted . : 8/11/15

Prior license . . . . . : 15 00004749

Municipal code reference :

Press Enter to continue.

More...

F3=Exit

F7=Miscellaneous information

F9=Additional requirements

F24=More keys

----- STATEMENT -----

DATE: 6/02/16  
ACCOUNT#: 7423

JESSIE'S BAR  
5438 W ATLANTIC BLV  
MARGATE FL 33063

ALARM LOCATION:  
5438 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



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: JESSE'S XTREME SPORTS BAR Owner's Name: JESSE WALKUTT

Address: 5442 W. ATLANTIC BLV Phone #: 954 917-2855

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 8/15 to 6/16. (The annual period for renewals or modified period for conditional renewals).

Total number of calls for service 16

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:

DETECTIVE Fred Schmitt #3396  
Background completed by

6/13/16  
Date

Additional comments:

Rec. 06/16/16 SU#3057, TOT Lt. Galbraith  
6/27/16 CR-28 GALBRAITH, TOT CAPT SHAW

Reviewed.  
07/07/16

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 BARLING PHONE: 954-850-5082
2. NAME OF BUSINESS ORGANIZATION: O'MALLEY'S SPORTS BAR  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1388 N. SR7 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: 7-11-16 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 BEV1607956

RECEIVED

JUL -17 2016

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: STEPHEN JOHNSON 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 27, 2016

OL110I01

CITY OF MARGATE  
License Master Inquiry

7/11/16  
09:55:57

Business control nbr . . : 3279  
License number . . . . : 16 00003900  
Pin number . . . . . : 4350

Last activity:

Created: 12/30/15 by PEARLG

Business name & address

O'MALLEYS SPORTS BAR INC

1388 N STATE ROAD 7 # 2

MARGATE

FL 330632836

Mailing address

1388 N STATE ROAD 7 # 2

MARGATE

FL 330632836

Classification . . . . . : 14505

RESTAURANTS CAPACITY OVER 150

Exemption applied . . . . . :

License status, date . . : FIRST RENEWAL MAILED

7/07/16

Appl, issue date . . . . : 12/29/15 10/01/15

Expiration, valid thru . : 9/30/16 9/30/16

Date renewal printed . . : 7/07/16

Date printed, reprinted . : 12/30/15

Prior license . . . . . : 15 00003900

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### BACKGROUND CHECK

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

Owner's Name: Stephen Johnson

Address: 1388 N. SR 7 Margate, FL 33063

Phone #: (954) 850-5082

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 7/01/2015 to 7/01/2016. (annually period for renewals/modified period for conditionals)

24 Number of calls for service

4 Number of violations, crimes and type (use detail)

On 10/01/15 A male was arrested outside of the bar for battery on a Law Enforcement Officer Case #01-15032009. On 03/10/16, a male was arrested for cocaine possession while sitting in his vehicle in the parking lot of O'Malley's Case #01-16008355. On 04/08/16, a male was arrested in the parking lot of O'Malley's for possession of Oxycodone. Case# 37-160401200. On 04/21/16, a male was arrested in the parking lot of O'Malley's for possession of cocaine. Case #37-1604013640

0 Number of alcohol / tobacco violations (use detail)

\$0 Outstanding alarm fees

Detail: .

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

Explain:

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

Explain:

Detective Michael Berryman #3407

07/19/16

Background completed by

Date

Rec. 07/20/16 50# 3657, TOT Lt. Galaska  
L286 GAVASHA 7/20/16, TOT CPT SHAW



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 E LOUIS INC PHONE: 954-977-7752
2. NAME OF BUSINESS ORGANIZATION: PALADIUM  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5688 W Sample RD MARGATE FL 33073  
No. and Street City State Zip
4. APPLICANT'S NAME: Samuel Kontorowsky 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: 5-27-16 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 1614953

RECEIVED

JUN - 6 2016

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: \_\_\_\_\_

Dana E. Watson, Chief of Police

Date: June 20, 2016



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

Business Name: Paladium

Owner's Name: Samuel Kontorovsky

Address: 5688 W Sample Rd

Phone #: 954-977-7732

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 06/01/15 to 06/01/16. (The annual period for renewals or modified period for conditional renewals).

**12 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:

Detective Eric Womer #3429

Background completed by

06/14/2016

Date

Additional comments:

Rec. 06/14/16 SU#3057, TOT Lt. Galoska  
Reviewed. 06/20/16 Capt. J. Shaw

Business control nbr . . : 7309  
License number . . . . : 16 00008549  
Pin number . . . . . : 3715

Business name & address

PALADIUM  
5688 W SAMPLE RD

MARGATE FL 330733446

Classification . . . . . : 14503

Exemption applied . . . . . :

License status, date . . : ACTIVE

Appl, issue date . . . . : 2/02/16 10/01/15

Expiration, valid thru . : 9/30/16 9/30/16

Last activity:

Updated: 02/09/16 by PEARLG

Mailing address

DAVID & LOUIS, INC.

5688 W SAMPLE RD

MARGATE FL 330733446

RESTAURANTS CAPACITY 16-50

2/10/16

Date renewal printed . . :

Date printed, reprinted . : 2/09/16

Prior license . . . . . :

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys

Business control nbr . : 7309  
License number . . . . : 16 00008548  
Pin number . . . . . : 2715

Business name & address

PALADIUM  
5688 W SAMPLE RD

MARGATE FL 330733446

Classification . . . . . : 12401

Exemption applied . . . . . :

License status, date . . : ACTIVE

Appl, issue date . . . . : 9/30/15

Expiration, valid thru . : 9/30/16

Last activity:

Updated: 02/09/16 by PEARLG

Mailing address

DAVID & LOUIS, INC.

5688 W SAMPLE RD

MARGATE

FL 330733446

NIGHTCLUB

2/10/16

2/02/16

9/30/16

Date renewal printed . . :

Date printed, reprinted . : 2/09/16

Prior license . . . . . : 16 00000384

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys

----- STATEMENT -----

DATE: 6/08/16  
ACCOUNT#: 3441

THE PALADIUM  
5688 W SAMPLE RD  
DAVID & LOUIS INC  
MARGATE FL 33063

ALARM LOCATION:  
5688 W SAMPLE RD  
DAVID & LOUIS INC  
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

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 DELI INC. PHONE: (954) 975-2426
2. NAME OF BUSINESS ORGANIZATION: SAIGON CUISINE  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 139A N. SR 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: ACOP
8. DATE: 6/29/16 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 1618538

**RECEIVED**

JUL 12 2016

INITIALS



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 CE 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 2

POLICE DEPARTMENT REVIEW:

☒ Recommend Approval

☐ Recommend Review by City Commission

☐ Recommend Rejection

Comments: No comment

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

Date: July 21, 2016

OL110I01

CITY OF MARGATE  
License Master Inquiry

7/12/16  
10:34:29

Business control nbr . . : 4076  
License number . . . . : 16 00004723  
Pin number . . . . . : 7531

Last activity:

Created: 11/16/15 by PEARLG

Business name & address

SAIGON CUISINE/VIETNAMESE REST  
1392 N STATE ROAD 7

Mailing address

SAIGON DELI, INC.  
1392-1396 N STATE ROAD 7  
MARGATE FL 330632836

MARGATE FL 330632836

Classification . . . . . : 14505 RESTAURANTS CAPACITY OVER 150

Exemption applied . . . . . :

License status, date . . : FIRST RENEWAL MAILED 7/07/16

Appl, issue date . . . . : 9/30/15 10/01/15

Expiration, valid thru . : 9/30/16 9/30/16

Date renewal printed . . : 7/07/16

Date printed, reprinted . : 11/16/15

Prior license . . . . . : 15 00004723

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

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, Margate, FL, 33063

Phone #: 954-789-2426

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 07/01/15 to 07/01/16. (The annual period for renewals or modified period for conditional renewals).

2 **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:

Detective Michael Shapira #3350

Background completed by

07/19/2016

Date

Rec. SU# 3057, 07/20/16, TOT Lt. Galash  
LTJ8 GALASH 7/20/16, TOT CPY SHAW  
Received/ON Capt. J. Shaw 07/20/16

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: Tropicante Entertainment Inc. 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 pwy. Margate Fl. 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: Edgar 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: 4 cop dual
8. DATE: 06/21/16 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. 1600076

RECEIVED

JUN 22 2016

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: \_\_\_\_\_

Dana E. Watson, Chief of Police

Date: July 20, 2016



**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 07/01/15 to 07/01/16. (The annual period for renewals or modified period for conditional renewals).

9 **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:

Detective Jared Schwartz #3396

Background completed by

07/12/16

Date

Additional comments:

Rec. SU #3057, 07/12/16, TOT Lt. Galoske

L-28 (GALOSKE) 7/15/16 TOT CAPT. J. SHAW

OH Capt. J. Shaw 7/18/16

Business control nbr . . : 6245  
License number . . . . : 16 00007340  
Pin number . . . . . : 4794

Business name & address

GALAXY RESTAURANT  
5190 COCONUT CREEK PKWY  
MARGATE FL 330633913

Classification . . . . . : 14505

Exemption applied . . . . . :

License status, date . . : ACTIVE

Appl, issue date . . . . : 9/24/15 10/01/15

Expiration, valid thru . : 9/30/16 9/30/16

Last activity:

Created: 09/24/15 by PEARLG

Mailing address

TROPICANTE ENTERTAINMENT INC.  
5190 COCONUT CREEK PKWY  
MARGATE FL 33063

RESTAURANTS CAPACITY OVER 150

9/24/15

Date renewal printed . . :

Date printed, reprinted . : 9/24/15

Prior license . . . . . : 15 00007340

Municipal code reference :

**Press Enter to continue.**

F3=Exit

**More...**

F7=Miscellaneous information

F9=Additional requirements

F24=More keys



----- STATEMENT -----

DATE: 6/30/16  
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
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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

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 K

1. CORPORATE NAME: TCS Corp. PHONE: 954-973-1390
2. NAME OF BUSINESS ORGANIZATION: Brady's Irish Pub  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 986 S ST RD 7 Margate FL 33068  
No. and Street City State Zip
4. APPLICANT'S NAME: Thomas Read 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 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: 4 COP
8. DATE: 5/22/16 APPLICANT'S SIGNATURE: Thomas 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

MAY 31 2016

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 Reno TITLE: Pres, VP, Sec + Treasurer

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: \_\_\_\_\_

Dana E. Watson, Chief of Police

Date: June 9, 2016



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

Business Name: Brady's Irish Pub/ TCS Corp.

Owner's Name: Thomas Read

Address: 986 S SR7 Margate, FL 33063

Phone #: 954-973-1390

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 06-01-15 to 06-01-16. (The annual period for renewals or modified period for conditional renewals).

3 **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. Julio O. Fernandez  
Background completed by

06-07-16  
Date

Additional comments:

Rec. 06/09/16 SV#3057, TOT Capt Shaw

Received. OK. Capt. Jan Shaw 06/09/16

Business control nbr . . : 2658  
License number . . . . : 16 00003143  
Pin number . . . . . : 7770

Last activity:

Created: 08/11/15 by PEARLG

Business name & address

BRADY'S IRISH PUB

986 S STATE ROAD 7

MARGATE

FL 330682808

Mailing address

986 S STATE ROAD 7

MARGATE

FL 330682808

Classification . . . . . : 02501

BILLIARD TABLES NON-COIN PER TABLE

Exemption applied . . . . . :

License status, date . . : ACTIVE

8/11/15

Appl, issue date . . . . : 8/10/15 10/01/15

Expiration, valid thru . : 9/30/16 9/30/16

Date renewal printed . . :

Date printed, reprinted . : 8/11/15

Prior license . . . . . : 15 00003143

Municipal code reference :

Press Enter to continue.

More...

F3=Exit

F7=Miscellaneous information

F9=Additional requirements

F24=More keys

----- STATEMENT -----

DATE: 6/02/16  
ACCOUNT#: 2118

BRADYS IRISH PUB  
986 S SR 7  
MARGATE FL 33063

ALARM LOCATION:  
986 S SR 7  
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
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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

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: 954-4105440
2. NAME OF BUSINESS ORGANIZATION: Centenario Night Club 954-683-1611  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 199 S State Rd. 7 Margate FL 33068  
No. and Street City State Zip
4. APPLICANT'S NAME: Lucas Amador 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: Alcoholic Beverages & Tobacco
8. DATE: 5-22-16 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

MAY 31 2016



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: June 13, 2016

**Dana E. Watson, Chief of Police**



**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. SR7 Margate, FL 33068

Phone #: 954-410-5440

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 5/1/2015 to 5/31/2016. (The annual period for renewals or modified period for conditional renewals).

**38 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 Snyder  
Background completed by

6/6/2016  
Date

Additional comments:

Rec. 06/07/16 SU #3057, TOT Capt. Shaw

OK Capt. Jan Shaw 06/10/16

----- STATEMENT -----

DATE: 6/02/16  
ACCOUNT#: 7868

CENTENARIO NIGHT  
199 S SR 7  
MARGATE FL 33068

ALARM LOCATION:  
199 S SR 7  
MARGATE FL 33068

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

Business control nbr . : 6594  
License number . . . . : 16 00007741  
Pin number . . . . . : 5734

Last activity:

Created: 08/31/15 by PEARLG

Business name & address

CENTENARIO NIGHTCLUB LLC

199 S STATE ROAD 7

MARGATE

FL 330685722

Classification . . . . . : 04801

Exemption applied . . . . . :

License status, date . . : ACTIVE

Appl, issue date . . . . : 8/31/15 10/01/15

Expiration, valid thru . : 9/30/16 9/30/16

Mailing address

ATTN: LUIS ANAYA

8552 NW 8TH CT

CORAL SPRINGS

FL 33065

COIN-OP BILLIARD TABLES (PER TABLE)

8/31/15

Date renewal printed . . :

Date printed, reprinted . : 8/31/15

Prior license . . . . . : 15 00007741

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

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: 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: 343-345-347 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 (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: 2COP
8. DATE: 7/5/16 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 1618372

RECEIVED

JUL - 5 2016

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 JEAN-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 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 20, 2016



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### BACKGROUND CHECK

Business Name: Goldchoice Production Inc

Owner's Name: Willy Jean-Jacques

Address: 343-347 S State Road 7

Phone #: 954-984-9544

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 7/01/2015 to 7/01/2016. (annually period for renewals/modified period for conditionals)

12 Number of calls for service

0 Number of violations, crimes and type (use detail)

0 Number of alcohol / tobacco violations (use detail)

\$0 Outstanding alarm fees

Detail:

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

Explain:

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

Explain:

Detective Michael Starkman #3483

07/18/2016

Background completed by

Date

Rec. SU#3057, 07/18/16, TOT Lt. Galashua  
LT J. GALASHUA 7/19/16  
TOT CAPT. SHAW

Reviewed. OK Capt. J. Shaw #3214 07/18/16





STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

BEV1618372

ISSUED 04/26/2016

RETAILER OF ALCOHOLIC BEVERAGES  
GOLD CHOICE PRODUCTION INC  
GOLD CHOICE BALLROOM

IS LICENSED under the provisions of Ch. 564 FS.  
Expiration date : MAR 31, 2017

L1604260001460

Business control nbr . . :	3965	
License number . . . . :	16 00004604	<b>Last activity:</b>
Pin number . . . . . :	8321	<b>Updated: 03/23/16 by PEARLG</b>
<u>Business name &amp; address</u>		<u>Mailing address</u>
GOLDCHOICE BALLROOM		GOLD CHOICE PRODUCTION, INC.
345 S STATE ROAD 7		343-345-347 S STATE ROAD 7
MARGATE FL 330685704		MARGATE FL 330685704
Classification . . . . . :	06001	DANCING SCHOOLS - ADULT
Exemption applied . . . . :		
License status, date . . . :	ACTIVE	12/17/15
Appl, issue date . . . . . :	9/30/15	10/01/15
Expiration, valid thru . . :	9/30/16	9/30/16
Date renewal printed . . . :		
Date printed, reprinted . . :	12/17/15	12/17/15
Prior license . . . . . :	15 00004604	
Municipal code reference :		
Press Enter to continue.		More...
F3=Exit	F7=Miscellaneous information	
	F9=Additional requirements	F24=More keys

----- STATEMENT -----

DATE: 7/18/16  
ACCOUNT#: 7142

GOLD CHOICE BALLROOM  
345 S SR 7  
MARGATE FL 33063

ALARM LOCATION:  
345 S SR 7  
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

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 Billiards  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 201-203-205 S. State Rd 7 Margate, FL  
No. and Street City State Zip 33128
4. APPLICANT'S NAME: Ingrid C. Avila PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip [REDACTED]
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: 6/20/14 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 27 2016

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. Avila 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 E

**POLICE DEPARTMENT REVIEW:**

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

Comments: No comment

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

Date: July 20, 2016



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

Business Name: Master's Billiards

Owner's Name: Ingrid Avila

Address: 205 S SR 7 Margate, FL 33068

Phone #: (954) 240-0411

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 7/01/2015 to 7/01/2016. (annually period for renewals/modified period for conditionals)

12 Number of calls for service

1 Number of violations, crimes and type (use detail)

A male was arrested inside the bathroom of the bar for possession of cocaine. Case #01-15033952

0 Number of alcohol / tobacco violations (use detail)

\$0 Outstanding alarm fees

Detail: Business does not have a city alarm permit. *This business does NOT have an ALARM, CAPT MP 07/25/16*

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

Explain:

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

Explain:

Detective Michael Berryman #3407

07/19/16

Background completed by

Date

*Rec. SU#3057 07/16/16, TOT Lt. Galashka  
Lt. Galashka 7/20/16, TOT CPT. SLIAN  
Reviewed/OK Capt. J. Shaw 07/20/16*

OL110I01

CITY OF MARGATE  
License Master Inquiry

6/27/16  
14:35:00

Business control nbr . : 5102  
License number . . . . : 16 00006002  
Pin number . . . . . : 6363

Last activity:

**Created: 09/10/15 by PEARLG**

Business name & address

MASTERS BILLIARDS

201 S STATE ROAD 7

MARGATE

FL 330685702

Classification . . . . . : 02501

Exemption applied . . . . :

License status, date . . : ACTIVE

Appl, issue date . . . . : 9/10/15 10/01/15

Expiration, valid thru . : 9/30/16 9/30/16

Mailing address

JAWIL ENTERPRISES CORP.

7875 MARGATE BLVD BLDG 1 #201

MARGATE

FL 33063

BILLIARD TABLES NON-COIN PER TABLE

9/10/15

Date renewal printed . . :

Date printed, reprinted . : 9/10/15

Prior license . . . . . : 15 00006002

Municipal code reference :

**Press Enter to continue.**

**F3=Exit**

**More...**

**F7=Miscellaneous information**

**F9=Additional requirements**

**F24=More keys**