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 Applicatio	n Renewal Application 🗹
1.	CORPORATE NAME: JAD GOLF POPERTY	eshe PHONE: 934753-3500
2.	NAME OF BUSINESS ORGANIZATION:	MC Divots Restaurant
	(Name which the business o	perates under/fictitious name/DBA)
3.	ADDRESS: 3011 KOCK Island Rd	Margate FL 33063
	No. and Street	City State Zip
4.	APPLICANT'S NAME: Celestino D. Alla	PHONE: ,
	HOME ADDRESS:	
	No. and Street /	City State Zip
5.	APPLICANT'S DATE OF BIRTH:	
	your request. If left blank, your form will be returned to you.)	(This line must be completed in order to process
	you. request if left blank, your form will be returned to you.)	
6.	BUSINESS ENTITY: Sola Proprietorchin () *Business () *	
	BUSINESS ENTITY: Sole Proprietorship () *Partnership () * Co	rporation () *Limited Liability Corporation (LLC) ()*If form
	of business is partnership or corporation the reverse side of this fo your from will be returned to you.	rm must be completed. If the reverse side is not completed
	your from will be returned to you.	
7.	TYPE OF LIQUOR LICENSE: CC	
		1//-/-/-/-
	V 01 11	
3.	DATE: 6.21-16 APPLICANT'S SIGNATURE:	(A)
		7) 7
Э.	RETURN APPLICATION WITH \$150 FILING FEE TO:	City Clerk's Office
		City Of Margate
		5790 Margate Boulevard
		Margate, FL 33063
	.1	(Copps Ottons
10.	STATE BEVERAGE LICENSE NUMBER BEV 1607460	
		- A Shan Sant Land V Land

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:		_
HOME ADDRESS:	ESS:PHONE:	
DATE OF BIRTH:	H: (This line must be completed in order to problank, your form will be returned to you.)	ocess your request. If left
NAME:		
HOME ADDRESS:	ESS:PHONE:	
DATE OF BIRTH:	H: (This line must be completed in order to pr blank, your form will be returned to you.)	ocess your request. If left
NAME:		_
HOME ADDRESS:	SS:PHONE:	
DATE OF BIRTH:	H: (This line must be completed in order to problank, your form will be returned to you.)	ocess your request. If left
dates of b website, I If any of the listed	itional space is needed to list, please attach a separate sheet listing the names, addresses, ti of birth and place a check mark on this line. Also attach a copy the corporate listing from the te, http://www.sunbiz.org. sted individuals have been convicted of a felony crime within the last five (5) years, please list state where the felony took place and the law enforcement agency involved.	Division of Corporations
OFFICE USE O	E ONLY	
POLICE DEPARTA	RTMENT REVIEW:	
/	Recommend Approval	
	Recommend Review by City Commission	
Comments.	Recommend Rejection nts:	
Authority:	Dana E. Watson, Chief of Police	-



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIV OF ALCOHOLIC BEVERAGES & TOBACCO 1940 NORTH MONROE STREET TALLAHASSEE FL 32399-0783

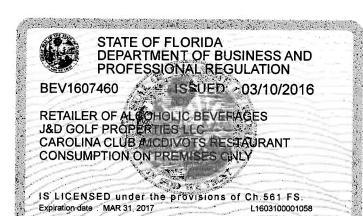
850.487.1395

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**. 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

BEV1607460 SERIES TYPE

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 ROAT MARGATE FIRSTONS



CANNOT MOVE FROM THIS LOCATION



ISSUED: 03/10/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1603100001058

OL11.0I01

CITY OF MARGATE License Master Inquiry

7/07/16 11:39:34

With the second	_ •	
Business control nbr . : 2270 License number : 16 0000) 02701 <u>Last_activity</u> :	
Pin number		1/16 by PEARLG
Business name & address	Mailing address	
CAROLINA COUNTRY CLUB	3011 N ROCK ISI	
3011 N ROCK ISLAND RD	MARGATE	
MARGATE FL 33063		
Classification : 1700	D1 UNCLASSIFIED	
Exemption applied : EXEMPTION Exemption applied : FIRST	OT DENEWAL MATLED	7/07/16
Appl, issue date 9/2		7/07/16
Expiration, valid thru .: 9/3	30/16 9/30/16	
	, , , =	
Date renewal printed : 7/0		
Date printed, reprinted . : 9/2	21/15	
Prior license	0002701	
Press Enter to continue.		More
F3=Exit	F7=Miscel	llaneous information
F9=Addition	nal requirements	F24=More keys
	_	



Background completed by

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: That said arrest/charge relates to the conduct of the licensee's present business? Yes ∣X No If ves. 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: That said conviction relates to the conduct of the licensee's present business? If yes, explain: 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: That said conviction relates to the conduct of the licensee's present business? 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 8/2015to 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? X Yes Does the business have any unpaid alarm fees or fines? | Yes \$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? \times Yes Does the business have a current State of Florida alcoholic beverage license? Does the business have any open or historical code compliance issues? Yes Explain: Detective B. Chevres 8/15/2016

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 L4. Galaska L196 GALASHA, TOT CAPT. J. SHAW 8/17/16 ON Capl. Slaw 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 Cas Americas, Inc. PHONE: 954-846-4590
2.	NAME OF BUSINESS ORGANIZATION: El Dolco de CS Americas (Name which the business operates under/fictitious name/DBA)
3.	ADDRESS: 1932 W. Sample Road Margate 7 33065 No. and Street
4.	APPLICANT'S NAME: AND TOKE
	HOME ADDRESS:
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 *Limited Liability Corporation (LLC) ()*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your from will be returned to you.
7.	TYPE OF LIQUOR LICENSE: 2 COP
8.	DATE: 6-6-16 APPLICANT'S SIGNATURE:
₽.	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 BEVILO 100

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:** 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: 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:_____ 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 POLICE DEPARTMENT REVIEW: Recommend Approval Recommend Review by City Commission Recommend Rejection Comments: Authority: Date: June 9, 2016 Dana e. Watson, Chief of Police



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			
 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: 				
 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: 				
of the laws of the State of Florida or any other state, relating	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			
 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 09/2015to 06/2016. (The annual period for renewals or modified period for conditional renewals). 				
13 Total number of calls for service				
Number of violations, crimes and type (Attach police reports or other documentation)				
Number of alcohol / tobacco violations (Attach police reports or other documentation)				
Does the business have a permitted alarm?	No			
Does the business have any unpaid alarm fees or fines?				
\$0 Total amount of unpaid alarm fees or fines (Atta	ch documentation, if applicable)			
Does the business have a current City of Margate occupational license?				
Does the business have a current State of Florida alcoholic beverage license? Xes No				
Does the business have any open or historical code compliance	issues? Xes No			
Explain: 5 previous code compliance issues that are closed.	See attached paperwork.			
Detective Jared Schwartz Background completed by 06/16/16 Date				
Additional comments:				

Rec. 06/16/16 5U#3057, TOT Lt. Goldska Reviewed. Capt J Stan 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:

₹ 0.0

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

6/09/16 14:02:46

Business control nbr . : 861

16 00001045 License number . . . :

<u>Last activity:</u> Created: 10/21/15 by PEARLG 9768

Mailing address 7932 W SAMPLE RD

7932 W SAMPLE RD #1 MARGATE FL 330654712

FL 330654712 MARGATE

Classification : Exemption applied . . . : RESTAURANTS CAPACITY 16-50 14503

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. More...

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: A L LUCELLO CORP. PHONE: 954-248-7850
2.	NAME OF BUSINESS ORGANIZATION: <u>Fl Bohio de Mama Rostavrant</u> (Name which the business operates under/fictitious name/DBA)
3.	ADDRESS: 2179 N State Road 7 Margate Fl 33063
4.	APPLICANT'S NAME: Anito Rodriquez PHONE:
	HOME ADDRESS:
5.	APPLICANT'S DATE OF BIRTH:
6.	BUSINESS ENTITY: Sole Proprietorship () *Partnership () * Corporation () *Limited Liability Corporation (LLC) ()*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your from will be returned to you.
<i>7</i> .	TYPE OF LIQUOR LICENSE: ALCOHOLIC BEVERAGES
8.	DATE: 6-30-16 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 BEV1621182

JUN 3 0 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. Ydalisa ARIAS TITLE: CO - DWNER HOME ADDRESS: 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: ANILO RODRIQUEZ **HOME ADDRESS:** 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.) $_{\perp}$ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, http://www.sunbiz.org. If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved. OFFICE USE ONLY DISTRICT POLICE DEPARTMENT REVIEW: **Recommend Approval** Recommend Review by City Commission **Recommend Rejection** Date: July 28, 2016 Dana E. Watson, Chief of Police

OL110I01

CITY OF MARGATE License Master Inquiry

6/30/16 14:40:50

Business control nbr .: 6822 License number : 16 0000800 Pin number : 2365 Business name & address EL BOHIO DE MAMA RESTAURANT 2179 N STATE ROAD 7	Created: 09/29/15 by PEARLG Mailing address A & L LUCELIS CORP
MARGATE FL 330635713	2179-2181 N STATE ROAD 7 MARGATE FL 330635713
Classification : 14504	12 00000110
Exemption applied : License status, date : ACTIVE Appl, issue date : 9/29/1 Expiration, valid thru . : 9/30/1	
Date renewal printed : Date printed, reprinted . : 9/29/1 Prior license : 15 0000 Municipal code reference :	
Press Enter to continue. F3=Exit F9=Additional	F7=Miscellaneous information requirements F24=More keys



Background completed by

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: That said conviction relates to the conduct of the licensee's present business? Yes ⋈ No If yes, explain: 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: That said conviction relates to the conduct of the licensee's present business? Yes 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

Date

Rec. 50#3057,07/19/16, TOT L+. Galaska L726 GACASAA 7/25/16, TOT CAPT J. SFIAN Received. OK Capt J Sh 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 & LANGE PHONE: 954-9065983
2.	NAME OF BUSINESS ORGANIZATION: PARKOT COVE 18/AND BAR PAD GRIJI (Name which the business operates under/fictitious name/DBA)
<i>3</i> .	ADDRESS: 8000 West SAMPLE RD MARGATE FIA 33065 No. and Street City State Zip
4.	APPLICANT'S NAME: TENN ROBERT LAURENT 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 (*Limited Liability Corporation (LLC) ()*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your from will be returned to you.
<i>7</i> .	TYPE OF LIQUOR LICENSE: RETAILER OF ALCOHOLIC BEVERAGES 4COP SRX
8.	DATE: 06/20/16 APPLICANT'S SIGNATURE:
9.	RETURN APPLICATION WITH \$150 FILING FEE TO: City Clerk's Office City Of Margate 5790 Margate Boulevard Margate, FL 33063
	DECENTE

10. STATE BEVERAGE LICENSE NUMBER BEV 162 1482

RECEIVED

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: JEM	IN ROBERT LAURENT	TITLE: <u>DUNIAG</u>	
HOME ADDRESS:	·_	ONE:_	
DATE OF BIRTH:	blank, your form will be returned to you.)	(This line must be completed in order to p	process your request. If left
NAME:		TITLE:	<u>. </u>
HOME ADDRESS:	•	PHONE:	_
DATE OF BIRTH:	blank, your form will be returned to you.)	(This line must be completed in order to p	process your request. If left
NAME:		TITLE:	_
HOME ADDRESS:		PHONE:	-
DATE OF BIRTH:	blank, your form will be returned to you.)	(This line must be completed in order to p	process your request. If left
aates of b website, h f any of the listed	nal space is needed to list, please attach a sept pirth and place a check mark on this line. Also o http://www.sunbiz.org. d individuals have been convicted of a felony cr ate where the felony took place and the law en	ittach a copy the corporate listing from th ime within the last five (5) years, please li	e Division of Corporations
OFFICE USE O	NLY		
DISTRICT 🖒	_		
POLICE DEPARTN	NENT REVIEW:		
	Recommend Approval		
	Recommend Review by City Commission		
	Recommend Rejection		
Comments:	None		
	And -		
Authority Da	na E. Watson, Chief of Police	Date: 08/18/16	

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Profit Corporation

BLUE STAR RESTAURANT & LOUNGE INC.

Filing Information

Document Number

P15000013083

FEI/EIN Number

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

Annual Reports

Report Year 2016	Filed Date 03/28/2016	
Document Image	es	
03/28/2016 AN	NUAL REPORT	View image in PDF format
03/06/2015 Am	endment	View image in PDF format
02/09/2015 Do	mestic 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 Last activity: Pin number : : Business name & address 3595 Created: 10/19/15 by PEARLG Mailing address
BLUE STAR RESTAURANT & LOUNGE
8000 W SAMPLE RD PARROT COVE ISLAND BAR & GRILL 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

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	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 bee 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 part of the said arrest/charge relates to the conduct of the licensee's part of the said arrest/charge relates to the conduct of the licensee's part of the said arrest/charge relates to the conduct of the licensee's part of the said arrest/charge relates to the conduct of the licensee's part of the said arrest/charge relates to the conduct of the licensee's part of the said arrest/charge relates to the conduct of the licensee's part of the said arrest/charge relates to the conduct of the licensee's part of the said arrest/charge relates to the conduct of the licensee's part of the said arrest/charge relates to the conduct of the licensee's part of the said arrest/charge relates to the said arrest/charge relates to the conduct of the licensee's part of the said arrest/charge relates to the said arrest/charge rel	present business?			
 Has the licensee, at the licensed premises, within three (3) years be State of Florida or any other state, relating to the following: 	en convicted of violating any of the laws of the			
A. That said conviction relates to the conduct of the licensee's pres	ent business? 🔲 Yes 🔀 No			
If yes, explain:	4 4			
 Have any of the licensee's employees, at the licensed premises, within of the laws of the State of Florida or any other state, relating to the foll 	owing:			
A. That said conviction relates to the conduct of the licensee's pres	sent business? 🗌 Yes 🔀 No			
If yes, explain:4. Margate Police Records check of the amount and degree of law establishment both inside and outside the location for the period of 8/ or modified period for conditional renewals).	enforcement activity being generated by the 2015to 8/2016. (The annual period for renewals			
32 Total number of calls for service				
*3 Number of violations, crimes and type (Attach police	e reports or other documentation)			
0 Number of alcohol / tobacco violations (Attach police	e reports or other documentation)			
Does the business have a permitted alarm? Yes No				
Does the business have any unpaid alarm fees or fines?	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? Xes No				
Does the business have a current State of Florida alcoholic beverage license? Xes No				
Does the business have any open or historical code compliance issues?				
Explain:				
Detective B. Chevres Background completed by 8/15/201 Date	6			
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. Galastea

LT go GALASKA, 7CT CAPT. J. SHAW 8/17/16

ON Capt. J. J. Slam 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	on X Renewa	Application \(\frac{}{2}\)
1.		PHONE:	954-972-626
2.		DRTS PUB. operates under/fictitious name/l	2004
3.	1 Floor of notice of	VD. MARGATE	FL 33063
4.	TENZY INIEC	City PHONE:	State Zip
	HOME ADDRESS: No. and Street	City	State Zip
5.	APPLICANT'S DATE OF BIRTH:	·	completed in order to process
<i>6</i> .	BUSINESS ENTITY: Sole Proprietorship () *Partnership () * Confidence of this for some of business is partnership or corporation the reverse side of this for your from will be returned to you.	orporation (X) *Limited Liab orm must be completed. If th	ility Corporation (LLC) ()*If form e reverse side is not completed
7.	TYPE OF LIQUOR LICENSE: 4COPP	(j	
8 .	DATE: 5-23-16 APPLICANT'S SIGNATURE:	Long Ole	i de la companya della companya dell
9.	RETURN APPLICATION WITH \$150 FILING FEE TO:	City Clerk's Office City Of Margate 5790 Margate Boulevard Margate, FL 33063	•
10.	0. STATE BEVERAGE LICENSE NUMBER BEV 1600		RECEIVED
			MAY 3 1 2016

MCTE: 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:	PHONE:
DATE OF BIRTH: blank, your form will be returned to you.)	_ (This line must be completed in order to process your request. If left
NAME: CANDACE SMITH	TITLE:
HOME ADDRESS:	PHONE:
DATE OF BIRTH: blank, your form will be returned to you.)	(This line must be completed in order to process your request. If left
NAME:	TITLE:
HOME ADDRESS:	PHONE:
DATE OF BIRTH: blank, your form will be returned to you.)	(This line must be completed in order to process your request. If left
website, http://www.sunbiz.org. If any of the listed individuals have been convicted of a felony of the listed individuals have been convicted of a felony of the law elindividual, the state where the felony took place and the law el	attach a copy the corporate listing from the Division of Corporations crime within the last five (5) years, please list the name of the inforcement agency involved.
OFFICE USE ONLY	
DISTRICT_C	
POLICE DEPARTMENT REVIEW:	
Recommend Approval	
Recommend Review by City Commission	
Recommend Rejection Comments:	
Ma.	
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		
 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: 			
 Has the licensee, at the licensed premises, within three (3) year State of Florida or any other state, relating to the following: A. That said conviction relates to the conduct of the licensee's If yes, explain: 			
 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 			
 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 06/01/15to 06/01/16. (The annual period for renewals or modified period for conditional renewals). 			
17 Total number of calls for service			
Number of violations, crimes and type (Attach p	police reports or other documentation)		
Number of alcohol / tobacco violations (Attach	police reports or other documentation)		
Does the business have a permitted alarm?			
Does the business have any unpaid alarm fees or fines?	⊠ No □ N/A		
\$ Total amount of unpaid alarm fees or fines (Attach do	ocumentation, if applicable)		
Does the business have a current City of Margate occupational license?			
Does the business have a current State of Florida alcoholic beverage license?			
Does the business have any open or historical code compliance issues?			
Explain:			

SPECIAL PERMIT FOR EXTENDED HOURS ALCOHOLIC BEVERAGE SALES INDICES CHECK

page 2

Detective Eric Womer #3429 W Background completed by	06/07/2016 Date	
Additional comments:		

---- STATEMENT ----

DATE: 6/02/16

ACCOUNT#: 3704

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

> 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 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 Expiration, valid thru . : 9/30/16	Updated: 08/25/15 by PEARLG 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 00003 Municipal code reference : Press Enter to continue. F3=Exit F9=Additional r	527 More F7=Miscellaneous information

Some 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 Applicatio	n	Penewal Application
1.	CORPORATE NAME: JASMINE THAT I CHINESE RESTAUR	BANTINC F	HONE: 954 9795530
2.	NAME OF BUSINESS ORGANIZATION: JASMING THAT	SUSHI REM	AURANT
<i>3</i> .	ADDRESS: 1785 No STATE RD 7	MACGATE,	FL . 33063
	No. and Street	City	State Zip
4.	APPLICANT'S NAME: PEREN HONGNOF KHUN		HONE:
	HOME ADDRESS:		
5.	APPLICANT'S DATE OF BIRTH: your request. If left blank, your form will be returned to you.)	City (This line	State Zip must be completed in order to process
6.	BUSINESS ENTITY: Sole Proprietorship () *Partnership (v) 5* Co of business is partnership or corporation the reverse side of this fo your from will be returned to you.	orporation () *Limit rm must be complet	ed Liability Corporation (LLC) ()*If form ed. If the reverse side is not completed
<i>7</i> .	TYPE OF LIQUOR LICENSE: 4 (08 SRX		
8.	DATE: 5/22/2016 APPLICANT'S SIGNATURE:	HE	
9.	RETURN APPLICATION WITH \$150 FILING FEE TO:	City Clerk's Office City Of Margate 5790 Margate Bou Margate, FL 33063	
10.	STATE BEVERAGE LICENSE NUMBER 1613519		MAY 3 1 2016

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. REECHA HUNGNOPKHUN NAME: **HOME ADDRESS:** 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: BENJAMINE HONGNOPKHUN HOME ADDRESS: 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: CHRISTINE HONGNOPKHUN HOME ADDRESS: 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: June 13, 2016 Date: Dana E. Watson, Chief of Police

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a



MARGATE POLICE DEPARTMENT SPECIAL PERMIT FOR EXTENDED HOURS ALCOHOLIC BEVERAGE SALES

INDICES CHECK Business Name: Jasmine Thai & Sushi Restaurant Owner's Name: Peter Hongnopkhun 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: That said arrest/charge relates to the conduct of the licensee's present business? X No Yes 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: That said conviction relates to the conduct of the licensee's present business? Yes If yes, explain: N/A 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: That said conviction relates to the conduct of the licensee's present business? Yes X 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 6/2015to 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) X Yes Does the business have a permitted alarm? 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? X Yes Does the business have a current State of Florida alcoholic beverage license? X Yes

Yes

6/7/2016

Rec. 06/09/16 50#3057/TOT Copt. Shear ON- Capt. J. Stan ON 10/16

Explain:

Detective Brian Chevres

Background completed by

Does the business have any open or historical code compliance issues?

---- 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 11/05/1998 11/10/1998 11/05/1998		CITATION FEE SETUP/REINSTA FEE WAVED POI	MENT FEE POLICE ALARM PAYMENT CHECK	100.00 25.00 25.00- 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

OL110I01

CITY OF MARGATE License Master Inquiry

6/02/16 08:44:43

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

Date renewal printed . . :
Date printed, reprinted . : 8/18/15
Prior license : 15 000074 15 00007431 Municipal code reference :

Press Enter to continue.

More... 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

	ALSO TOL SALES TON CONSONIFTION ON PREIVISE
	Please check one of the following: New Application Renewal Application
1.	CORPORATE NAME. Sharly Mgaus Ma PHONE: 9542928697
2.	NAME OF BUSINESS ORGANIZATION: (Name which the business organizations name/DBA)
3.	ADDRESS: 5889 Margate Blvd Margate 3-30
4.	APPLICANT'S NAME: A Phone All III
	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 () *Limited Liability Corporation (LLC) ()*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your from will be returned to you.
7.	TYPE OF LIQUOR LICENSE: 200 P
8.	DATE: 5-26-16 APPLICANT'S SIGNATURE: Alex
9.	RETURN APPLICATION WITH \$150 FILING FEE TO: City Clerk's Office City Of Margate 5790 Margate Boulevard
10.	Margate, FL 33063 STATE BEVERAGE LICENSE NUMBER 1607/22

JUN - 1 2016

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 peed to be listed, as well as the Florida Registered Agent. NAME: 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.) $_{\perp}$ 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.ora. If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved. OFFICE USE ONLY DISTRICT POLICE DEPARTMENT REVIEW: Recommend Approval Recommend Review by City Commission Recommend Rejection Comments: June 15, 2016 Authority: Date: Dana E. Watson, Chief of Police

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS **ALCOHOLIC BEVERAGE SALES INDICES CHECK**

Rusiness Name: Charless Ligures Inc

business name. Snarkey Liquors inc	Owner's Name: Thomas Sharkey,		
	Dawn Sharkey		
Address: 5889 Margate Blvd, Margate, Fl, 33063	Phone #: 954-445-2244		
 Has the licensee, at the licensed premises, within three (3) laws of the State of Florida or any other state, relating to the A. That said arrest/charge relates to the conduct of the I If yes, explain: 	e following:		
 Has the licensee, at the licensed premises, within three (3 State of Florida or any other state, relating to the following: A. That said conviction relates to the conduct of the license of the license of the said conviction relates to the conduct of the license of the said conviction relates to the conduct of the license of t			
 Have any of the licensee's employees, at the licensed premof the laws of the State of Florida or any other state, relating A. That said conviction relates to the conduct of the license of	g to the following:		
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 06/01/15to 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 (Atta	ach police reports or other documentation)		
0 Number of alcohol / tobacco violations (Att	tach police reports or other documentation)		
Does the business have a permitted alarm?			
Does the business have any unpaid alarm fees or fines?	Yes No N/A		
\$ Total amount of unpaid alarm fees or fines (Atta	ch documentation, if applicable)		
Does the business have a current City of Margate occupational license?			
Does the business have a current State of Florida alcoholic beverage license?			
Does the business have any open or historical code compliance	e issues?		
Explain:			
Detective Michael Shapira #3350 Background completed by Pec. 3V#3es7,06 17/16; ToT L+. 61 laske	<u>06/08/2016</u> Date		

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

Additional comments:

OL110I01

CITY OF MARGATE License Master Inquiry

6/02/16 08:45:22

Business control nbr . : 3659

16 00004321 License number . . . :

<u>Last activity:</u> Created: 08/20/15 by PEARLG 5591

<u>Mailing address</u> 5889 MARGATE BLVD

5889 MARGATE BLVD MARGATE FL 330632834

MARGATE FL 330632834

Classification : Exemption applied . . . : 11301 MERCHANT'S RETAIL STOCK LESS THAN \$1000

License status, date . . : ACTIVE 8/20/15

Appl, issue date . . . : 8/18/15 Expiration, valid thru . : 9/30/16 10/01/15 9/30/16

Date renewal printed . . :
Date printed, reprinted . : 8/20/15 Prior license : 15 00004321

Municipal code reference :

Press Enter to continue. More...

F3=Exit F7=Miscellaneous information

F9=Additional requirements F24=More keys

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: 954-999.59
2.	NAME OF BUSINESS ORGANIZATION: Intuell Pub
	(Name which the business operates under/fictitious name/DBA)
3.	ADDRESS: 238 N. St. Rd 7 Margate fl No. and Street City State 7 in
4.	APPLICANT'S NAME: Michaele Rand RHONE
	HOME ADDRESS
5.	APPLICANT'S DATE OF BIRTH: your request. If left blank, your form will be returned to you.) City State Zip (This line must be completed in order to process
6.	BUSINESS ENTITY: Sole Proprietorship () *Partnership () * Corporation () *Limited Liability Corporation (LLC) ()*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your from will be returned to you.
7.	TYPE OF LIQUOR LICENSE:
8.	DATE: COLDIIIC APPLICANT'S SIGNATURE: Muhaele Rand
9.	RETURN APPLICATION WITH \$150 FILING FEE TO: City Clerk's Office City Of Margate 5790 Margate Boulevard Margate, FL 33063
10.	STATE BEVERAGE LICENSE NUMBER BEV 1620674 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:	richaele Rand	TITLE: PRS,
HOME ADDRESS	5:_	PHONE:
DATE OF BIRTH:	blank, your form will be returned to you.)	This line must be completed in order to process your request. If left
NAME:		TITLE:
HOME ADDRESS	;	PHONE:
DATE OF BIRTH:	blank, your form will be returned to you.)	This line must be completed in order to process your request. If left
NAME:		TITLE:
HOME ADDRESS.	:	PHONE:
DATE OF BIRTH:	blank, your form will be returned to you.)	This line must be completed in order to process your request. If left
f any of the liste ndividual, the st	ed individuals have been convicted of a felony critate where the felony took place and the law enf	ime within the last five (5) years, please list the name of the forcement agency involved.
OFFICE USE O	ONLY	
DISTRICT		
POLICE DEPARTI	MENT REVIEW:	
	Recommend Approval	
	Recommend Review by City Commission	
	Recommend Rejection	
Comments	s: No comment	
Authority:	1	Date:
Dana E. Wa	atson, 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: Michaele 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: No. If yes, explain: 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: That said conviction relates to the conduct of the licensee's present business? Yes If yes, explain: 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 Alnem.

Capt MP 0/25/16 Does the business have a current occupational license? X Yes Explain: Does the business have a current state beverage license? Xes No Explain: Detective Bill Snyder #3493 7/06/2016 Background completed by Rec. SU#3057, 67/07/16, TOT Lt. Galaska L7356ACASHA7/19/16 TOT CAPT, SHAW

ON.)- Received. Cyt & Show A3214 07/18/16

OL110I01

CITY OF MARGATE License Master Inquiry

6/27/16 14:36:20

6419 Business control nbr . :

License number . . . : 16 00007543

<u>Last activity:</u> Updated: 12/31/15 by PEARLG Pin number : 7714

Business name & address
INKWELL PUB Mailing address NORMAN JOHNSON INC

238 N STATE ROAD 7 238 N STATE ROAD 7

MARGATE FL 330634557 MARGATE FL 330634557 Classification : MERCHANT'S RETAIL STOCK \$1001-3000 11302

Exemption applied . . . :

License status, date . . : ACTIVE 10/28/15

Appl, issue date . . . : 10/28/15 10/01/15 Expiration, valid thru .: 9/30/16 9/30/16

Date renewal printed . . : Date printed, reprinted . : 10/28/15 Prior license : 15 00007543

Municipal code reference

Press Enter to continue. More...

F3=Exit F7=Miscellaneous information

F9=Additional requirements F24=More kevs

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOL SALES FOR CONSUMPTION ON PREMISE

	Please check one of the following: New Application	on	Renewal Applicat	tion <u></u>
1.	CORPORATE NAME: JAmes Corl Brederik America	AN LEGION POET	137 PHONE: <u>95</u> 4	4-971-0882
2.	NAME OF BUSINESS ORGANIZATION: Transaction (Name which the business of	erick Americ	W Legion 1	POST 157
_			•	4 ==
3.	ADDRESS: 1791 Medes Parkers	MARGATE		33063 State Zip
4.	APPLICANT'S NAME: Jestley D. Colopy	<u>, </u>	PHONE:	
	HOME ADDRESS:	City	Charto 7in	
5.	APPLICANT'S DATE OF BIRTH:		State Zip ne <mark>must be comple</mark>	ted in order to process
6.	BUSINESS ENTITY: Sole Proprietorship () *Partnership () * of business is partnership or corporation the reverse side of this for your from will be returned to you.	orporation () *Lin	nited Liability Corp l <mark>eted. If the revers</mark> e	poration (LLC) ()*If form eside is not completed
<i>7</i> .	TYPE OF LIQUOR LICENSE:			
8.	DATE: 6-1-16 APPLICANT'S SIGNATURE:	Myod		9
9.	RETURN APPLICATION WITH \$150 FILING FEE TO:	City Clerk's Office City Of Margate 5790 Margate Bo Margate, FL 330	oulevard	
10.	STATE BEVERAGE LICENSE NUMBER 1603508		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:	May S. Colopy	TITLE: COMMANDEZ
HOME ADDRESS:		PHONE:
DATE OF BIRTH:	blank, your form will be returned to you.)	(This line must be completed in order to process your request. If left
NAME:	a mark	TITLE: France Officer
HOME ADDRESS:	-	_PHONE:
DATE OF BIRTH:	blank, your form will be returned to you.)	(This line must be completed in order to process your request. If left
NAME:		
HOME ADDRESS:		PHONE:
DATE OF BIRTH:	blank, your form will be returned to you.)	(This line must be completed in order to process your request. If left
website, I website, I If any of the listed	nrtn and place a check mark on this line. Also http://www.sunbiz.org.	eparate sheet listing the names, addresses, titles, phone numbers and o attach a copy the corporate listing from the Division of Corporations crime within the last five (5) years, please list the name of the enforcement agency involved.
OFFICE USE G	NLY	
DISTRICT D		
POLICE DEPARTN	 MENT REVIEW:	
	Recommend Approval	
	Recommend Review by City Commission	
	Recommend Rejection	
Comments:	None	
	De M	
Authority:_	Town Holls	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: That said arrest/charge relates to the conduct of the licensee's present business? ⊠ No | Yes 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: That said conviction relates to the conduct of the licensee's present business? Yes ⊠ No If ves. explain: 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: 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 2015to 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? X Yes No □ N/A Does the business have any unpaid alarm fees or fines? Yes **\$0** Total amount of unpaid alarm fees or fines (Attach documentation, if applicable) Does the business have a current City of Margate occupational license? X Yes Does the business have a current State of Florida alcoholic beverage license? Does the business have any open or historical code compliance issues? Yes Explain: Det. Paul Christman #3387 6/7/2016 Background completed by Date

Additional comments:

Rec. 06/09/16 SV#3057, TOT COPT. Show OK Capt Jan Show 06/10/16 OL110I01

CITY OF MARGATE License Master Inquiry

6/02/16 08:45:46

Business control nbr . : 4410

16 00005111 Last activity: License number :

Created: 09/17/15 by PEARLG

Mailing address
THE AMERICAN LEGION

1791 MEARS PKWY 1791 MEARS PKWY

FL 330633748 MARGATE MARGATE FL 330633748

Classification : 17801 Exemption applied : FEE WAIVED NON PROFIT

License status, date . . : ACTIVE 9/17/15

Appl, issue date . . . : 9/17/15 Expiration, valid thru . : 9/30/16 10/01/15 9/30/16

Date renewal printed . . :
Date printed, reprinted . : 9/17/15 Prior license : 15 00005111

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#: 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

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS ALCOHOL SALES FOR CONSUMPTION ON PREMISE

	Please check one of the fol	lowing: New Applicat	ion	Renewal	Application
1.	CORPORATE NAME:Doherty Appl	e South Florida LLC		PHONE:_	954-969-0866
2.	NAME OF BUSINESS ORGANIZATION:	Applebee's Neighb			
	(Name which the business	operates under/fictitie	ous name/D	BA)
3.	ADDRESS: 5377 W. Atlantic Blvd.		Margate		FL 33063
	No. and Stre	et	City		State Zip
4.	APPLICANT'S NAME:Jerry Marcopo	oulos		PHONE:	
	HOME ADDRESS:		Park Ridge		
	No. and Stre	et	City	\$	tate Zip
5.	APPLICANT'S DATE OF BIRTH:			completed in order to process	
6.	BUSINESS ENTITY: Sole Proprietorship (of business is partnership or corporation to your from will be returned to you.) *Partnership () * (he reverse side of this	Corporation () *Lin form must be compi	nited Liabil l <mark>eted. If the</mark>	ity Corporation (LLC) (f)*If form reverse side is not completed
7.	TYPE OF LIQUOR LICENSE: 4C	OP SRX	/		
8.	DATE: 06/22/16 APPLICAL	NT'S SIGNATURE:	1		
9.	RETURN APPLICATION WITH \$150 FILING	G FEE TO:	City Clerk's Office City Of Margate 5790 Margate Bo Margate, FL 3306	oulevard	
10.	STATE BEVERAGE LICENSE NUMBER	BEV1617953	· · · · · · · · · · · · · · · · · · ·	has s	

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	
HOME ADDRESS:	PHONE:
DATE OF BIRTH: blank, your form will be returned to you.)	This line must be completed in order to process your request. If left
NAME: Jerry Marcopoulos	
HOME ADDRESS:	PHONE:
DATE OF BIRTH: blank, your form will be returned to you.)	(This line must be completed in order to process your request. If lef
NAME: Timothy Doherty	TITLE: Manager
HOME ADDRESS:	PHONE:
DATE OF BIRTH: blank, your form will be returned to you.)	(This line must be completed in order to process your request. If left
If any of the listed individuals have been convicted of a felony individual, the state where the felony took place and the law e	crime within the last five (5) years, please list the name of the enforcement agency involved.
OFFICE USE ONLY	
DISTRICT	
POLICE DEPARTMENT REVIEW:	
Recommend Approval	
Recommend Review by City Commission	
Recommend Rejection	
Comments: None	
That	
Authority:	Date: July 20, 2016
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		
 Has the licensee, at the licensed premises, within three (3) y laws of the State of Florida or any other state, relating to the fa. That said arrest/charge relates to the conduct of the lice If yes, explain: 	following:		
 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: 			
 Have any of the licensee's employees, at the licensed premis of the laws of the State of Florida or any other state, relating t A. That said conviction relates to the conduct of the licens If yes, explain: 	to the following:		
 Margate Police Records check of the amount and degree establishment both inside and outside the location for the renewals or modified period for conditional renewals). 	e of law enforcement activity being generated by the period of 07/01/15to 07/01/16. (The annual period for		
19 Total number of calls for service			
1 Number of violations, crimes and type (Attac	ch police reports or other documentation)		
0 Number of alcohol / tobacco violations (Attac	ch police reports or other documentation)		
Does the business have a permitted alarm?			
Does the business have any unpaid alarm fees or fines?	∕es ⊠ No □ N/A		
\$0 Total amount of unpaid alarm fees or fines (Attack	h documentation, if applicable)		
Does the business have a current City of Margate occupational license? Xes No			
Does the business have a current State of Florida alcoholic beverage license? Xes Does			
Does the business have any open or historical code compliance issues?			
	7/19/16 Date		
Additional comments:			

Rec. 07/20116 SU#30ST, TOT Lt. Galdstee MOGGALASHA 7/20/16, TOT CPT. SHAW OK/Received. Capt. J. Stow 07/20/16

OL110101

CITY OF MARGATE License Master Inquiry

6/27/16 10:39:56

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 Expiration, valid thru . : 9/30/16	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 12/01/15 10/01/15
Expiration, valid thru . : 9/30/16 Date renewal printed . : : Date printed, reprinted . : 12/01/15 Prior license : Municipal code reference Press Enter to continue. F3=Exit F9=Additional reference	12/03/15 More F7=Miscellaneous information

---- 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

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

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: LISSRY, UC PHONE: 804-417-2026
2.	NAME OF BUSINESS ORGANIZATION: BYWEWICK MOVIDE LOWES (Name which the business operates under/fictitious name/DBA)
3.	ADDRESS: 2020 N. State Rd. 7 Margate Pl 33063
4.	APPLICANT'S NAME: LUC PHONE:
	HOME ADDRESS No. and Street City State Zin
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 () *Limited Liability Corporation (LLC) ()*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your from will be returned to you.
7.	TYPE OF LIQUOR LICENSE: YELTAILLY CONFILMPTION ON PROMISES ONLY
8.	DATE: 7146 APPLICANT'S SIGNATURE: SUL
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 BEN 160013

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. **HOME ADDRESS:** DATE OF BIRTH: (This line must be completed in order to process your request. If left blank, your form will be returned to you.) **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 POLICE DEPARTMENT REVIEW: **Recommend Approval** Recommend Review by City Commission Recommend Rejection Authority: Date: July 28, 2016 Dana E. Watson, Chief of Police

NOTE: If establishment is sole proprietorship there is no need to complete this side of the form. However, if the establishment is a

CITY OF MARGATE License Master Inquiry

7/11/16 17:09:07

Business control nbr : 617 License number : 16 00000732 Pin number : 6637 Business name & address	<u>Last activity:</u> Updated: 09/22/15 by PEARLG Mailing address
BRUNSWICK MARGATE LANES	7313 BELL CREEK RD
2020 N STATE ROAD 7	ATTN: TAX & LICENSING
MARGATE FL 330635712	MECHANICSVILLE VA 23111
Classification : 11303 Exemption applied :	MERCHANI S RETAIL STOCK \$3001-10,000
License status, date : FIRST REN Appl, issue date : 9/21/15 Expiration, valid thru . : 9/30/16	10/01/15
Date renewal printed . : 7/07/16 Date printed, reprinted . : 9/21/15 Prior license : 15 000007 Municipal code reference :	732
Press Enter to continue. F3=Exit F9=Additional re	F7=Miscellaneous information equirements 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: That said conviction relates to the conduct of the licensee's present business? Yes No No If yes, explain: 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: That said conviction relates to the conduct of the licensee's present business? Yes 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? Xes No Explain: Valid thru March 31, 2017

07-19-16

Date

Rec. 50#3057, 07/19/16, TOT C+. Galastic LABO BRASHA 7/25/16, TOT CAPT, J. SHAGE

Received (a) Capt. J. Show 07/21/4

Det. Julio O. Fernandez

Background completed by

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOL SALES FOR CONSUMPTION ON PREMISE

	ALCOHOL SALLS FOR CON	SOINT HON ON PREIMISE	
	Please check one of the following: New Applicat	ion Renewal	Application <u>V</u>
1.	CORPORATE NAME: LUNA ENTENTAINME		
2.	NAME OF BUSINESS ORGANIZATION: GUAPOS COC	CKTAIC BUN & Co s operates under/fictitious name/D	
3.	ADDRESS: 2160 MEANS PANEWA		FL 33063
	No. and Street	City	State Zip
4.	APPLICANT'S NAME: EVEN CONTRENA	PHONE:	
	HOME ADDRESS: _c		
	No. and Street	City S	tate Zip
5.	APPLICANT'S DATE OF BIRTH:, your request. If left blank, your form will be returned to you.)	(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 M *Limited Liabi	lity Corporation (LLC) ()*If form
	of business is partnership or corporation the reverse side of this	form must be completed. If the	e reverse side is not completed
	your from will be returned to you.		
7.	TYPE OF LIQUOR LICENSE: QUOTA 4C	op.	
_	DATE: 7/7/16 APPLICANT'S SIGNATURE:	Mush	
8.	DATE: APPLICANT'S SIGNATURE:		The state of the s
		// \	
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 160	0318	

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: ME	EIVA CONTRENAS	TITLE: Secretary
HOME ADDRESS.	:_	PHONE:
DATE OF BIRTH:	blank, your form will be returned to you.)	_ (This line must be completed in order to process your request. If left
NAME:		TITLE:
HOME ADDRESS.		PHONE:
DATE OF BIRTH:	blank, your form will be returned to you.)	_ (This line must be completed in order to process your request. If left
NAME:		TITLE:
HOME ADDRESS:		PHONE:
DATE OF BIRTH:	blank, your form will be returned to you.)	_ (This line must be completed in order to process your request. If left
lf any of the listed individual, the sto	d individuals have been convicted of a felony ate where the felony took place and the law o	crime within the last five (5) years, please list the name of the enforcement agency involved.
OFFICE USE O	DNLY	
DISTRICT	<u> </u>	
POLICE DEPARTI	MENT REVIEW:	
<u>/</u>	Recommend Approval	
	Recommend Review by City Commission	
 Comments	Recommend Rejection	
Authority Dana E. Wat	son, Chief of Police	Date: July 20, 2016

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIV OF ALCOHOLIC BEVERAGES & TOBACCO ENSE NUMBER SERIES 3EV1600318 4COP

RETAILER OF ALCOHOLIC BEVERAGES ned below IS LICENSED ler the provisions of Chapter 565 FS. iration date: MAR 31, 2017



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



ISSUED: 03/30/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1603300001403

OL110I01

CITY OF MARGATE License Master Inquiry

7/11/16 17:08:17

5408 Business control nbr . :

License number . . . : 16 00006349 Last activity:

Created: 09/29/15 by PEARLG

Mailing address
LUNA ENTERTAINMENT GROUP INC.

2160 MEARS PKWY 2160 MEARS PKWY

FL 33063 MARGATE MARGATE FL 33063

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

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. More...

F7=Miscellaneous information F3=Exit

F9=Additional requirements 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 04/23/2010		SETUP/REINSTAMENT		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 O	wner's Name: Melva Contreras			
Address: 2160 Mears Parkway, Margate FL 33063	Phone #: (754) 366-5553			
 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: 				
 Has the licensee, at the licensed premises, within three (3) ye State of Florida or any other state, relating to the following: A. That said conviction relates to the conduct of the licensee If yes, explain: 				
 Have any of the licensee's employees, at the licensed premises of the laws of the State of Florida or any other state, relating to A. That said conviction relates to the conduct of the licensee If yes, explain: 	the following:			
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 06/01/15to 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	Number of violations, crimes and type (Attach police reports or other documentation)			
0 Number of alcohol / tobacco violations (Attack	police reports or other documentation)			
Does the business have a permitted alarm?				
Does the business have any unpaid alarm fees or fines?				
\$ Total amount of unpaid alarm fees or fines (Attach	documentation, if applicable)			
Does the business have a current City of Margate occupational license? Xes Does				
Does the business have a current State of Florida alcoholic beverage license? Xes No				
Does the business have any open or historical code compliance issues?				
Explain:				
	7/19/2016 ate			

Rec. SU#3057, 07/19/16, TOT Lt. Galaska UTDS GALAS HA 07/19/16, TOT CAPT. SHAW Received. ON- Capt. J. Show #3am 07/18/16

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

Additional comments:

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: Tackson 06 TNC PHONE: 954 917 2855
2.	NAME OF BUSINESS ORGANIZATION: JESSE'S XTREME SPORTS BAR
	(Name which the business operates under/fictitious name/DBA)
<i>3</i> .	ADDRESS: 472 W. Atlantic BIVD Margate F L 3306
	No. and Street City State Zip
4.	APPLICANT'S NAME: TESSE WATCHE 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 (* *Limited Liability Corporation (LLC) ()*If form
	of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed
	your from will be returned to you.
7.	TYPE OF LIQUOR LICENSE: 4 COP
	5/22/11
8.	DATE: 0/23/16 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

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 WALCUTT	TITLE: PRESI dent
HOME ADDRESS:	PHONE:
DATE OF BIRTH: blank, your form will be returned to you.)	(This line must be completed in order to process your request. If left
NAME: JENNIFER Sculetta	TITLE: V P
HOME ADDRESS:	PHONE:
DATE OF BIRTH:blank, your form will be returned to you.)	(This line must be completed in order to process your request. If left
NAME: JEAN NINE Stanford	TITLE:
HOME ADDRESS:	PHONE
DATE OF BIRTH: blank, your form will be returned to you.)	(This line must be completed in order to process your request. If left
dates of birth and place a check mark on this line. Also website, http://www.sunbiz.org. If any of the listed individuals have been convicted of a felony of individual, the state where the felony took place and the law en	parate sheet listing the names, addresses, titles, phone numbers and attach a copy the corporate listing from the Division of Corporations crime within the last five (5) years, please list the name of the inforcement agency involved.
OFFICE USE ONLY	
DISTRICT	
POLICE DEPARTMENT REVIEW:	
Recommend Approval	
Recommend Review by City Commission	
Recommend Rejection	
Comments: None	
- Post	
Authority.	Date: July 5, 2016
Dana E. Watson, Chief of Police	

OL110I01

CITY OF MARGATE License Master Inquiry

6/02/16 08:47:47

FL 33063

Business control nbr . : 4096

License number . . . : 16 00004749 Last activity:

Created: 08/11/15 by PEARLG 3731

<u>Mailing address</u> 5438 W ATLANTIC BLVD MARGATE

5438 W ATLANTIC BLVD FL 330635215 MARGATE

Classification : 04803 COIN-OP GAMES (LIMIT 3)

Exemption applied

ACTIVE 8/11/15

License status, date . . : 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

CASE# DESCRIPTION

TRUOMA

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 Sanda Garage Owner's Name:
	Address: 5442 W. Atlantic BW Phone #: 954 9172855
	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 You 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?
	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 Signature (The annual period for renewals or modified period for conditional renewals).
	Total number of calls for service
	Number of violations, crimes and type (Attach police reports or other documentation)
	Number of alcohol / tobacco violations (Attach police reports or other documentation)
	Does the business have a permitted alarm? 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
D	Explain: EXECTIVE Med Schupp =3396 (0/13/16
	Background completed by
	Additional comments:
6	Rec. 06/16/16 SU#3057, TOT Lt. Galaria Reviewed. 6/27/16 C1 18 6-46/134 A, Tor CAPIL SHAW 07/04/16

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOL SALES FOR CONSUMPTION ON PREMISE

			,
	Please check one of the following: New Application Rei	newal Applicatio	on <u>e</u>
1.	1. CORPORATE NAME: O'MALLER'S SPORTS BARING, PHO	ONE: 959	1-850-508
2.	2. NAME OF BUSINESS ORGANIZATION: OMALLEY'S SPORTS [3]AK (Name which the business operates under/fictitious n	ame/DRA)	
3.	3. ADDRESS: 1388 N. 5RT MARGATE	FL	37063
4.	4. APPLICANT'S NAME: STEPHEN TONNSON PHO	DNE:	
	HOME ADDRESS:		
5.	5400//04/7/0 0.170 0.700	State Zip <mark>ust be complete</mark>	<mark>d in order to process</mark>
	6. BUSINESS ENTITY: Sole Proprietorship () *Partnership () * Corporation () *Limited of business is partnership or corporation the reverse side of this form must be completed your from will be returned to you. 7. TYPE OF LIQUOR LICENSE:	l Liability Corpor	ration (LLC) (/)*If form ide is not completed
3.	B. DATE: 7-11-16 APPLICANT'S SIGNATURE: AMN Inform	/	
Э.	9. RETURN APPLICATION WITH \$150 FILING FEE TO: City Clerk's Office City Of Margate 5790 Margate Boule	vard	
	Maragte El 22062		

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: STE	PHEN JOHNSON	TITLE: MES	
HOME ADDRESS		_PHONE:	
DATE OF BIRTH:	blank, your form will be returned to you.)	_ (This line must be completed in order to p	process your request. If left
NAME:		TITLE:	_
HOME ADDRESS	•	PHONE:	_
DATE OF BIRTH:	blank, your form will be returned to you.)	_ (This line must be completed in order to p	process your request. If left
NAME:		TITLE:	
HOME ADDRESS.		PHONE:	_
DATE OF BIRTH:	blank, your form will be returned to you.)	_ (This line must be completed in order to p	process your request. If left
If any of the liste	http://www.sunbiz.org. d individuals have been convicted of a felony ate where the felony took place and the law	crime within the last five (5) years, please I enforcement agency involved.	ist the name of the
OFFICE USE O	ONLY		
POLICE DEPARTI	MENT REVIEW:		
	Recommend Approval		
	Recommend Review by City Commission		
 Comments	Recommend Rejection		
Authority: Dana E.	Watson, Chief of Police	Date: July 27, 2016	_

CITY OF MARGATE License Master Inquiry

7/11/16 09:55:57

3279 Business control nbr . :

16 00003900 License number . . . : <u>Last activity:</u>

4350 Created: 12/30/15 by PEARLG

Mailing address 1388 N STATE ROAD 7 # 2

MARGATE FL 330632836

FL 330632836 **MARGATE**

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

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

Appl, issue date . . . : 12/29/15 10/01/15 Expiration, valid thru . : 9/30/16 9/30/16

7/07/16 Date renewal printed . . : Date printed, reprinted . : 12/30/15 Prior license : Municipal code reference : 15 00003900

Press Enter to continue. More...

F3=Exit 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		
 Has the license, at the licensed premises, within three of the State of Florida or any other state, relating to the A. That said conviction relates to the conduct of the If yes, explain: 	e following:		
 Have any of the licensee's corporate members, at the l convicted of violating any of the laws of the State of F A. That said conviction relates to the conduct of th If yes, explain: 	Florida or any other state, relating to the following:		
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)			
Number of calls for service			
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 Number of alcohol / tobacco violations (use detail)			
\$0 Outstanding alarm fees			
Detail: .			
Does the business have a current occupational license?			
Explain:			
Does the business have a current state beverage license?			
Explain:			
Detective Michael Berryman #3407 Background completed by 07/19/16 Date			

Rec. 07/20/16 5 07 3657 TOT L+. Galaska MJB GARASHA 7/20/16 TOT CPT 5/1AW

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 & LOUIS INC PHONE: 954-977-7752
2.	NAME OF BUSINESS ORGANIZATION: PALADIUM
	(Name which the business operates under/fictitious name/DBA)
3.	ADDRESS: 3688 W DAMPLE RD MAIGAK FL 33073
	No. and Street City State Zip
4.	APPLICANT'S NAME: SAMUEL KONTOSOKY 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.)
5.	BUSINESS ENTITY: Sole Proprietorship (v *Partnership () * Corporation () *Limited Liability Corporation (LLC) ()*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your from will be returned to you.
7.	TYPE OF LIQUOR LICENSE: 4 COP
3.	DATE: 5-27-16 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 1610 CE 2

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

NAME:	
HOME ADDRESS:	PHONE:
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.)
dates of b website, l If any of the listed	nal space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and pirth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations http://www.sunbiz.org. I individuals have been convicted of a felony crime within the last five (5) years, please list the name of the attempt where the felony took place and the law enforcement agency involved.
OFFICE USE O	
DISTRICT 1	
POLICE DEPARTA	MENT 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: ⊠ No That said arrest/charge relates to the conduct of the licensee's present business? Yes 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: That said conviction relates to the conduct of the licensee's present business? **⋈** No If yes, explain: 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: That said conviction relates to the conduct of the licensee's present business? ⊠ No Yes 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 06/01/15to 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) X Yes Does the business have a permitted alarm? Yes Does the business have any unpaid alarm fees or fines? \$ Total amount of unpaid alarm fees or fines (Attach documentation, if applicable) Does the business have a current City of Margate occupational license? X Yes Does the business have a current State of Florida alcoholic beverage license? Does the business have any open or historical code compliance issues? Yes Explain: Detective Eric Womer #3429 06/14/2016 Background completed by Date Additional comments:

Rea 06/14/16 SU# 3057, TOT Lt. Golosha

Reviewed. 06/20116 Capt. Show

CITY OF MARGATE License Master Inquiry

6/07/16 10:42:56

Business control nbr : 7309 License number : 16 00008549 Pin number : 3715 Business name & address PALADIUM 5688 W SAMPLE RD	Last activity: Updated: 02/09/16 by PEARLG Mailing address DAVID & LOUIS, INC. 5688 W SAMPLE RD
MARGATE FL 330733446 Classification : 14503 Exemption applied : License status, date : ACTIVE Appl, issue date : 2/02/16 Expiration, valid thru . : 9/30/16	2/10/16
Date renewal printed : Date printed, reprinted . : 2/09/16 Prior license : Municipal code reference Press Enter to continue. F3=Exit F9=Additional reserved.	More F7=Miscellaneous information

CITY OF MARGATE License Master Inquiry

6/07/16 10:43:04

Business control nbr . : 7309

License number . . . : 16 00008548 Last activity:

Pin number : 2715 Business name & address Updated: 02/09/16 by PEARLG 2715

Mailing address
DAVID & LOUIS, INC.
5688 W SAMPLE RD **PALADIUM**

5688 W SAMPLE RD

MARGATE FL 330733446 MARGATE FL 330733446

Classification : 12401 Exemption applied . . . : NIGHTCLUB

License status, date . . : ACTIVE 2/10/16

Appl, issue date . . . : 9/30/15 Expiration, valid thru . : 9/30/16 2/02/16 9/30/16

Date renewal printed . . :

Date printed, reprinted .: 2/09/16 Prior license : : Municipal code reference : 16 00000384

Press Enter to continue. More...

F3=Exit 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

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 DIL PHONE: 674)975-2426
2.	NAME OF BUSINESS ORGANIZATION: (Name which the business operates under/fictitious name/DBA)
3.	ADDRESS: 139A N. S.R. 7 Margale Pt 33603 No. and Street
	State Zip
4.	APPLICANT'S NAME: PHONE:
	HOME ADDRESS:
	No. and Street City State Zip
5.	APPLICANT'S DATE OF BIRTH:
6.	BUSINESS ENTITY: Sole Proprietorship () *Partnership () * Corporation (*Limited Liability Corporation (LLC) ()*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your from will be returned to you.
7.	TYPE OF LIQUOR LICENSE: ACOP
3.	DATE: 6/29 16 APPLICANT'S SIGNATURE:
₹.	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
	JUL 12 2006 Company

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:	700106 CE	TITLE:	President
HOME ADDRESS:		PHONE:	
DATE OF BIRTH:	blank, your form will be returned to you.)	_ (This line must be comple	eted in order to process your request. If left
NAME:		TITLE:	
HOME ADDRESS:		PHONE:	
DATE OF BIRTH:	blank, your form will be returned to you.)	(This line must be comple	eted in order to process your request. If left
NAME:		TITLE:	
HOME ADDRESS:		PHONE:	-
DATE OF BIRTH:	blank, your form will be returned to you.)	(This line must be comple	eted in order to process your request. If left
dates of b website, h	nal space is needed to list, please attach a se irth and place a check mark on this line. Also attp://www.sunbiz.org. I individuals have been convicted of a felony	attach a copy the corpora	te listing from the Division of Corporations
individual, the sta	te where the felony took place and the law e	nforcement agency involve	ed.
OFFICE USE O	NLY		
DISTRICT			
POLICE DEPARTA	MENT REVIEW:		
	Recommend Approval		
	Recommend Review by City Commission		
	Recommend Rejection		
Comments	170 Common		
Authority:	. Watson, Chief of Police	Date:	016

CITY OF MARGATE License Master Inquiry

7/12/16 10:34:29

Business control nbr . : 4076

16 00004723 License number . . . : Last activity:

Created: 11/16/15 by PEARLG Pin number : 7531

Business name & address

SAIGON CUISINE/VIETNAMESE REST

Mailing address
SAIGON DELI, INC.
1392-1396 N STATE ROAD 7 1392 N STATE ROAD 7

FL 330632836 MARGATE FL 330632836 MARGATE Classification : RESTAURANTS CAPACITY OVER 150 14505

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 : Municipal code reference : 15 00004723

Press Enter to continue. More... F3=Exit

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
	 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:
	 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:
_	
Ş	 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?
	If yes, explain:
	 Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 07/01/15to 07/01/16. (The annual period for renewals or modified period for conditional renewals).
	2 Total number of calls for service
	Number of violations, crimes and type (Attach police reports or other documentation)
	Number of alcohol / tobacco violations (Attach police reports or other documentation)
	Does the business have a permitted alarm?
	Does the business have any unpaid alarm fees or fines?
	\$ Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)
	Does the business have a current City of Margate occupational license? Xes Do
	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?
	Explain:
	Detective Michael Shapira #3350 Background completed by 07/19/2016 Date
1.	Rec. SU#3057, 07/20/16, TOT Lt. Goldon 178 GALASHA 7/20/16, Tot CP1 SHAW Received/ON Capt. Spen 07/20/16
	d Super

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 NC. PHONE: 954-873-1689
2.	NAME OF BUSINESS ORGANIZATION: Galaxy Restaurant
	(Name which the business operates under/fictitious name/DBA)
<i>3</i> .	ADDRESS: 5190 Coconut Creek pwy. Margate f1. 33063
	No. and Street City State Zip
4.	APPLICANT'S NAME: Edgar ContyERES PHONE:
	HOME ADDRESS: _
	No. and Street City State Zip
5.	APPLICANT'S DATE OF BIRTH:
	your request. If left blank, your form will be returned to you.)
6.	BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation () *Limited Liability Corporation (LLC) ()*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed
	your from will be returned to you.
7.	TYPE OF LIQUOR LICENSE: 4 COP Dual
0	DATE: 06/21/16 APPLICANT'S SIGNATURE:
ο.	DATE: O COLONIA SIGNATURE:
9.	RETURN APPLICATION WITH \$150 FILING FEE TO: City Clerk's Office
	City Of Margate
	5790 Margate Boulevard Margate, FL 33063
	The second secon

STATE BEVERAGE LICENSE NUMBER BEU. 160076

10.

JUN 2 2 2016

NAIVIE:		TITLE:
HOME ADDRESS	S:	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.)	Time must be completed in order to process your request. If left
NAME:		
	5:	
DATE OF BIRTH:	blank, your form will be returned to you.)	(This line must be completed in order to process your request. If left
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.)	*
website, If any of the listed	birth and place a check mark on this line. Also the http://www.sunbiz.org.	parate sheet listing the names, addresses, titles, phone numbers and attach a copy the corporate listing from the Division of Corporations rime within the last five (5) years, please list the name of the inforcement agency involved.
OFFICE USE O	DNLY	
DISTRICT		
POLICE DEPARTM	MENT REVIEW:	
	Recommend Approval	
	Recommend Review by City Commission	
	Recommend Rejection	
Comments	None	
	ma	
Authority		Date:
Dane E He	tson, Chief of Police	



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
 Has the licensee, at the licensed premises, within three (3) laws of the State of Florida or any other state, relating to the A. That said arrest/charge relates to the conduct of the license 	following:
If yes, explain:	
 Has the licensee, at the licensed premises, within three (3) State of Florida or any other state, relating to the following: A. That said conviction relates to the conduct of the license 	<u> </u>
If yes, explain:	ooo o procent susmess.
 Have any of the licensee's employees, at the licensed prem of the laws of the State of Florida or any other state, relating A. That said conviction relates to the conduct of the licen 	to the following:
If yes, explain:	see's present business?
 Margate Police Records check of the amount and degree establishment both inside and outside the location for the renewals or modified period for conditional renewals). 	
9 Total number of calls for service	
0 Number of violations, crimes and type (Atta	ch police reports or other documentation)
0 Number of alcohol / tobacco violations (Atta	ach police reports or other documentation)
Does the business have a permitted alarm?	lo
Does the business have any unpaid alarm fees or fines?	Yes ⊠ No □ N/A
\$0 Total amount of unpaid alarm fees or fines (Attac	ch documentation, if applicable)
Does the business have a current City of Margate occupational I	icense? 🛛 Yes 🗌 No
Does the business have a current State of Florida alcoholic beve	erage license? Xes 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. SUH3057, 07/12/16, TOT L+. Galaska OM Capt J. Stor 7/18/16
D8 GALASHA 7/18/16 TOT CAPT J. SHAW

CITY OF MARGATE License Master Inquiry

6/21/16 15:48:32

Business control nbr . : 62 License number : 16 00	0007340	<u>Last acti</u>		
Pin number : 4794 Business name & address		<u>Mailing</u> a		
GALAXY RESTAURANT 5190 COCONUT CREEK PKWY	010	5190 COCC	TE ENTERTAINMENT ONUT CREEK PKWY	
MARGATE FL 3306339 Classification		MARGATE RESTAURANTS	CAPACITY OVER 1	33063 50
Exemption applied : License status, date : AC Appl, issue date : 9 Expiration, valid thru . : 9	9/24/15	10/01/15 9/30/16	9/24/15	
Date renewal printed : Date printed, reprinted . : 9 Prior license : 15 Municipal code reference :		340		
Press Enter to continue. F3=Exit		F7=	Miscellaneous i	More nformation

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

TUUOMA

> 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 Appl	ication Renewal Application <u>K</u>
1.	CORPORATE NAME: Tes Corp.	PHONE: 954-973-1390
2.	NAME OF BUSINESS ORGANIZATION: (Name which the business)	is Irish Pub
3.	ADDRESS: 986 S ST RD 7	iness operates under/fictitious name/DBA) Mara Ale + 33068 City State Zip
4.	APPLICANT'S NAME: Thomas Read	PHONE:
	HOME ADDRESS:	City State Zip
5.	APPLICANT'S DATE OF BIRTH: your request. If left blank, your form will be returned to you	(This line must be completed in order to process
6.	BUSINESS ENTITY: Sole Proprietorship () *Partnership () of business is partnership or corporation the reverse side of your from will be returned to you.	* Corporation () *Limited Liability Corporation (LLC) ()*If form this form must be completed. If the reverse side is not completed
<i>7</i> .	TYPE OF LIQUOR LICENSE: 4 COP	
<i>8</i> .	DATE: 5/22/16 APPLICANT'S SIGNATURE:	Momar Read
9.	RETURN APPLICATION WITH \$150 FILING FEE TO:	City Clerk's Office City Of Margate 5790 Margate Boulevard Margate, FL 33063 MAY 3 1 2016
10.	STATE BEVERAGE LICENSE NUMBER BOU 1607	932

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.

IVAIVIE.	TITLE: Mes VP, Sect Measur	
HOME ADDRESS	_PHONE:	
DATE OF BIRTH:		If left
	blank, your form will be returned to you.)	,, .
NAME:		
HOME ADDRESS	SS:PHONE:	
DATE OF BIRTH:		If left
	blank, your form will be returned to you.)	, icje
VAME:	TITLE:	
HOME ADDRESS	S:PHONE:	
DATE OF BIRTH:		lf left
	blank, your form will be returned to you.)	
ndividual, the st	ed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the state where the felony took place and the law enforcement agency involved.	
OFFICE USE O	ONLY	
DISTRICT		
POLICE DEPARTI	TMENT REVIEW:	
V	Recommend Approval	
	Recommend Review by City Commission	
	Recommend Rejection	
Comments	ts: None	
	Tue!	
A	1 All	
Authority: Î	Dana E. Watson, Chief of Police Dana E. Watson, Chief of Police	



MARGATE POLICE DEPARTMENT SPECIAL PERMIT FOR EXTENDED HOURS ALCOHOLIC BEVERAGE SALES

LCOHOLIC 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
 Has the licensee, at the licensed premises, within three (3) laws of the State of Florida or any other state, relating to the A. That said arrest/charge relates to the conduct of the licenses, explain: 	following:
 Has the licensee, at the licensed premises, within three (3) State of Florida or any other state, relating to the following: A. That said conviction relates to the conduct of the license of th	
 Have any of the licensee's employees, at the licensed premi of the laws of the State of Florida or any other state, relating A. That said conviction relates to the conduct of the license If yes, explain: 	to the following:
 Margate Police Records check of the amount and degree establishment both inside and outside the location for the renewals or modified period for conditional renewals). 	ee of law enforcement activity being generated by the period of 06-01-15to 06-01-16. (The annual period fo
3 Total number of calls for service	
0 Number of violations, crimes and type (Atta	ch police reports or other documentation)
0 Number of alcohol / tobacco violations (Atta	nch police reports or other documentation)
Does the business have a permitted alarm? Xes N	o
Does the business have any unpaid alarm fees or fines?	Yes 🔀 No 🗌 N/A
\$0 Total amount of unpaid alarm fees or fines (Attac	h documentation, if applicable)
Does the business have a current City of Margate occupational li	cense? Xes No
Does the business have a current State of Florida alcoholic beve	rage license? Xes No
Does the business have any open or historical code compliance	issues?
Explain:	
Det. Julio O. Fernandez Background completed by	<u>06-07-16</u> Date
Additional comments:	

Additional comments:

Rec. 06/09/16 SU#3057, TOT Copt Show Received, ON. Capt. Jon Star 06/09/16

CITY OF MARGATE License Master Inquiry

6/02/16 08:46:54

2658 Business control nbr . :

License number : 16 00003143 <u>Last activity:</u>

Created: 08/11/15 by PEARLG 7770

<u>Mailing address</u> 986 S STATE ROAD 7

MARGATE FL 330682808

MARGATE FL 330682808

Classification : Exemption applied . . . : 02501 BILLIARD TABLES NON-COIN PER TABLE

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#:

BRADYS IRISH PUB 986 S SR 7 MARGATE FL 33063

> ALARM LOCATION: 986 S SR 7

MARGATE FL 33063

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
	Please check one of the following: New Application Renewal Application
1.	CORPORATE NAME: Centengy 10 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: 1995 State ld. 7 Margate #1 33068
	No. and Street City State Zip
4.	APPLICANT'S NAME: LIAS HAMILA PHONE.
	HOME ADDRESS:
	No. and Street City State Zip
5.	APPLICANT'S DATE OF BIRTH:
	your request. If left blank, your form will be returned to you.)
6.	BUSINESS ENTITY: Sole Proprietorship () *Partnership () *Corporation () *Limited Liability Corporation (LLC) ()*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your from will be returned to you?
7.	TYPE OF LIQUOR LICENSE: H/COholic Beverages & Kabaco.
8 .	DATE: 5-22-16 APPLICANT'S SIGNATURE:
9.	RETURN APPLICATION WITH \$150 FILING FEE TO: City Clerk's Office
	City Of Margate
	5790 Margate Boulevard
	Margate, FL 33063
	Wargate, FL 33003
10.	STATE BEVERAGE LICENSE NUMBER BEV16 20858' MAY 3 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: ______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:



MARGATE POLICE DEPARTMENT

SPECIAL PERMIT FOR EXTENDED HOURS ALCOHOLIC BEVERAGE SALES

INDICES CHECK

Business Name: Centanario Night Club	Owner's Name: Luis Anaya			
Address: 199 S. SR7 Margate, FL 33068	Phone #: 954-410-5440			
 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: 				
 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: 				
 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 5/1/2015to 5/31/2016. (The annual period for renewals or modified period for conditional renewals).				
38 Total number of calls for service				
Number of violations, crimes and type (Attach police reports or other documentation)				
Number of alcohol / tobacco violations (Attach police reports or other documentation)				
Does the business have a permitted alarm?				
Does the business have any unpaid alarm fees or fines?				
\$ Total amount of unpaid alarm fees or fines (Atta	ach documentation, if applicable)			
Does the business have a current City of Margate occupational license?				
Does the business have a current State of Florida alcoholic beverage license?				
Does the business have any open or historical code compliance issues?				
Explain:				
Detective Snyder 6/6/2016 Background completed by Date				
Additional comments:				

---- 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

CITY OF MARGATE License Master Inquiry

6/02/16 08:48:10

Business control nbr . : 6594 License number : 16 00007741 <u>Last</u> activity: Created: 08/31/15 by PEARLG 5734 <u>Mailing address</u> ATTN: LUIS ANAYA 8552 NW 8TH CT **MARGATE** FL 330685722 CORAL SPRINGS FL 33065 Classification : Exemption applied . . . : COIN-OP BILLIARD TABLES (PER TABLE) 04801 License status, date . . : ACTIVE 8/31/15 Appl, issue date . . . : 8/31/15 Expiration, valid thru . : 9/30/16 10/01/15 9/30/16 Date renewal printed . . : Date printed, reprinted . : 8/31/15 Prior license : Municipal code reference : 15 00007741 More...

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: GOBOLHOICE PRODUCTION INCPHONE: (954) 984-9544
2.	NAME OF BUSINESS ORGANIZATION: GOTOCHOICE BALLROOM
	343 - (Name which the business operates under/fictitious name/DBA)
3.	ADDRESS: 348-347 5. STATE RD 7 MARGATIR FC 33068
4.	APPLICANT'S NAME: Willy JEAN - Acques 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 () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your from will be returned to you.
7.	TYPE OF LIQUOR LICENSE: 200P
3.	DATE: 7/5/16 APPLICANT'S SIGNATURE: 10 Jean Jacy 1.
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

officers and all	orporation, list all proprietors, partners or off	ed to complete this side of the form. However, if the establishment ficers. If establishment is owned by a Corporation, list the names of sets of the Corporation owning the establishment. If a Corporation as well as the Florida Registered Agent.	f tha	
NAME:	Silly GEAN- (JACQUE	es TITLE: President		
HOME ADDRESS	:	PHONE:		
DATE OF BIRTH:	blank, your form will be returned to you.)	_ (This line must be completed in order to process your request. If le	ft	
NAME:		TITLE:		
HOME ADDRESS.		PHONE:		
DATE OF BIRTH:	blank, your form will be returned to you.)	(This line must be completed in order to process your request. If le	t	
NAME:				
HOME ADDRESS:		PHONE:		
DATE OF BIRTH:	blank, your form will be returned to you.)	(This line must be completed in order to process your request. If lef	t	
If any of the listed individual, the sta	d individuals have been convicted of a felony of the law end the l	crime within the last five (5) years, please list the name of the nforcement agency involved.		
OFFICE USE O	NLY			
DISTRICT_E				
POLICE DEPARTM	MENT REVIEW:			
<u> </u>	Recommend Approval			
Recommend Review by City Commission				
Recommend Rejection				
Comments: None				
Authority.	A Photo	July 20, 2016		
Dana E. Watson, Chief of Police				



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: That said conviction relates to the conduct of the licensee's present business? Yes No. If yes, explain: 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: That said conviction relates to the conduct of the licensee's present business? If yes, explain: 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? Xes No Explain: Detective Michael Starkman #3483 07/18/2016 Background completed by Date

Rec. SU#3057, 07/18/16, TOT L+. Galastia C1 28 GALASAA 7/19/16 TOT CAPT. SHAW Reviewed OK Copt. J. Slaw #3ain 07/18/14



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

CITY OF MARGATE License Master Inquiry

7/06/16 08:17:57

3965 Business control nbr . : License number . . . :

16 00004604 Last activity:

Pin number : Updated: 03/23/16 by PEARLG 8321

Business name & address GOLDCHOICE BALLROOM Mailing address
GOLD CHOICE PRODUCTION, INC.

345 S STATE ROAD 7 343-345-347 S STATE ROAD 7

MARGATE FL 330685704 MARGATE FL 330685704

Classification : Exemption applied . . . : DANCING SCHOOLS - ADULT 06001

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

TRUOMA

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: JAWI Entrprises Corp. 954 366421:
2.	NAME OF BUSINESS ORGANIZATION: Masters Billards (Name which the business operates under/fictitious name/DBA)
3.	ADDRESS: 201-203-205 S. State Rd 7 Margate, FC
4.	APPLICANT'S NAME: Ingrid C. Avid PHONE:
	HOME ADDRESS: No. and Street City State Zip
5.	APPLICANT'S DATE OF BIRTH: your request. If left blank, your form will be returned to you.) (This line must be completed in order to process
6.	BUSINESS ENTITY: Sole Proprietorship () *Partnership () * Corporation () *Limited Liability Corporation (LLC) () *If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your from will be returned to you.
7.	TYPE OF LIQUOR LICENSE: 400
8.	DATE: 6/20/14 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 BEVILOIS 336 RECEIVED

partnership or co officers and all i	shment is sole proprietorship there is no nee prporation, list all proprietors, partners or off Individuals who own 5% or more of the ass by the officers and directors need to be listed,	ficers. If establishment is owned by a sets of the Corporation owning the a as well as the Florida Registered Age	a Corporation, list the names of the establishment. If a Corporation is nt.
NAME: 109	nd C. Avila	TITLE: PLESI	dent
HOME ADDRESS:		PHONE:	
DATE OF BIRTH:	blank, your form will be returned to you.)	_ (This line must be completed in ord	er to process your request. If left
NAME:		TITLE:	
HOME ADDRESS:		PHONE:	
DATE OF BIRTH:	blank, your form will be returned to you.)	_ (This line must be completed in ord	er to process your request. If left
NAME:		TITLE:	
HOME ADDRESS:		PHONE:	
DATE OF BIRTH:	blank, your form will be returned to you.)	_ (This line must be completed in ord	er to process your request. If left
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 O			
OFFICE OSE C	NUL		
DISTRICT			
POLICE DEPARTI	MENT REVIEW:		
	Recommend Approval		
	Recommend Review by City Commission		
	Recommend Rejection		
Comments: No Comment			
Authority: Dana E ,	Watson, Chief of Police	Date:	



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			
 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: 				
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:				
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)				
Number of calls for service				
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				
Number of alcohol / tobacco violations (use of	detail)			
\$0 Outstanding alarm fees				
Detail: Business does not have a city alarm permit. This business does NOT lave AN ALARM,				
Does the business have a current occupational license?				
Explain:				
Does the business have a current state beverage license?	∑ Yes □ No			
Explain:				
Detective Michael Berryman #3407 Background completed by	<u>07/19/16</u> Date			

Dec SU#3057 07/16/20, TOT L+. Galastic L1 gg GALASHA 7/20/16, TOT CPT. SULAW Ravioned/ON Capt. J. Show 07/20/16

F3=Exit

CITY OF MARGATE License Master Inquiry

6/27/16 14:35:00

F24=More keys

F7=Miscellaneous information

5102 Business control nbr . : <u>Last activity:</u> Created: 09/10/15 by PEARLG License number . . . : 16 00006002 6363 Mailing address
JAWIL ENTERPRISES CORP. 7875 MARGATE BLVD BLDG 1 #201 MARGATE FL 330685702 MARGATE FL 33063 Classification 02501 Exemption applied : BILLIARD TABLES NON-COIN PER TABLE License status, date . . : ACTIVE 9/10/15 Appl, issue date . . . : 9/10/15 Expiration, valid thru . : 9/30/16 10/01/15 9/30/16 Date renewal printed . . : Date printed, reprinted . : 9/10/15 Prior license : 15 00006002 Municipal code reference : Press Enter to continue. More...

F9=Additional requirements