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

RECEIVED

JUL 1 2 2018

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: GPG TAUKS MONTS LLC PHONE: 908-V87-8772
2.	NAME OF BUSINESS ORGANIZATION: BOHTO LAHIN FIAUORS (Name which the business operates under/fictitious name/DBA)
3.	ADDRESS: 2179-218/ N. STATE RD 7, MAIGHTE Flo 33063
4.	APPLICANT'S NAME: SI A WA M. State Zip No. and Street ONTAIS PHONE:
	HOME ADDRESS: A Date of birth is incorrection and Street City State Zip
5.	
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: 16-21/82-20P'/BEER &WINE
8.	DATE: 7/12/18 APPLICANT'S SIGNATURE
9.	RETURN APPLICATION WITH \$150 FILING FEE TO: City Clerk's Office City Of Margate 5790 Margate Boulevard Margate, FL 33063
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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.) 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 POLICE DEPARTMENT REVIEW: Recommend Approval Recommend Review by City Commission Recommend Rejection Date: 08/14/16

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: Bohio Latin Flavors

Owner's Name: GPG Investments LLC

	owner of rame. Of G investments Elec	
Address: 2179 - 2181 N. SR 7, Margate, FL 33063	Phone #: 908-587-8774	
1. Has the licensee, at the licensed premises, within three (3) years been arrested or charged with violating any of the laws of the State of Florida or any other state, relating to the following: A. That said arrest/charge relates to the conduct of the licensee's present business? Yes No f yes, explain: N/A		
ii yes, explaiii. N/A		
 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 		
If yes, explain: N/A	ee's present business! Tes No	
 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 	to the following:	
If yes, explain: N/A	ec a present business: Tes Mu	
 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 July 2017 July 2018. (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 (Attac	ch police reports or other documentation)	
0 Number of alcohol / tobacco violations (Atta	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 (Attacl	h documentation, if applicable)	
Does the business have a current City of Margate occupational lic	cense? Xes No	
Does the business have a current State of Florida alcoholic beverage license? X Yes No		
Does the business have any open or historical code compliance is	ssues? Yes No	
Explain: Det. Scot Sawyer Det. Scot Sawyer	7/25/2019	
Background completed by	7/25/2018	

Additional comments: N/A

---- STATEMENT ----

DATE: 7/16/18

ACCOUNT#:

8735

EL BOHIO DE MAMA RESTAURANT SALVATORE TRAFICANTE 1370 WASHINGTON AVE #312 MIAMI BEACH FL 33139

> ALARM LOCATION: 2179 N SR 7 MARGATE FL 33063

DATE

CASE# DESCRIPTION

AMOUNT

BALANCE DUE:

.00

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.
PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

MAKE ALL CHECKS PAYABLE TO: CITY OF MARGATE POLICE DEPARTMENT 5790 MARGATE BLVD, MARGATE, FL 33063

SEQ # L1808050000359 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIV OF ALCOHOLIC BEVERAGES & TOBACCO DISPLAY AS REQUIRED BY LAW STATE OF FLORIDA The RETAILER OF ALCOHOLIC BEVERAGES Named below IS LICENSED DUAL LICENSE Under the provisions of Chapter 564 FS. Expiration date: MAR 31, 2019 SERIES TOBACCO GPG INVESTMENTS LLC BOHIO LATIN FLAVORS 2179-2181 N STATE RD 7 MARGATE FL 33063 ISSUED 08/05/2018 2COP LICENSE NUMBER BEV1621182

JONATHAN ZACHEM, SECRETAR

RICK SCOTT, GOVERNOR