

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: Amaya's Centenario Nightclub LLC PHONE: (561) 5633873
2. NAME OF BUSINESS ORGANIZATION: Centenario Night Club  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 199 S. State Road 7 Margate FL 33068  
No. and Street City State Zip
4. APPLICANT'S NAME: Roger L Amaya PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ☒ \*Partnership ( ) \*Corporation ( ) \*Limited Liability Corporation (LLC) ( ) \*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 2 COP Dual License Tabaco
8. DATE: 6/19/2018 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV 1620858

RECEIVED

JUN 20 2018

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

##### POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments:

*Reviewed / Approved*

Authority:

*A.C. Jan Shaw*

Date:

*08/09/18*

CITY OF MARGATE  
License Master Inquiry6/20/18  
13:36:37

Business control nbr . . : 7205  
License number . . . . : 18 00008434  
Pin number . . . . . : 8605  
Business name & address Last activity:  
APPLEBEE'S NEIGHBORHOOD GRILL Created: 08/29/17 by LHOFF  
5377 W ATLANTIC BLVD Mailing address  
MARGATE FL 33063 DOHERTY APPLE SOUTH FL, LLC  
ALLLENDALE NJ 074011654  
Classification . . . . : 14505 RESTAURANTS CAPACITY OVER 150  
Exemption applied . . . . :  
License status, date . . : ACTIVE 8/30/17  
Appl, issue date . . . . : 8/28/17 10/01/17  
Expiration, valid thru . : 9/30/18 9/30/18

Date renewal printed . . :  
Date printed, reprinted . : 8/29/17  
Prior license . . . . . : 17 00008434  
Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys

----- STATEMENT -----

CENTENARIO NIGHT  
199 S SR 7  
MARGATE FL 33068

DATE: 6/25/18  
ACCOUNT#: 7868

ALARM LOCATION:  
199 S SR 7  
MARGATE FL 33068

DATE	CASE#	DESCRIPTION	AMOUNT
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=====

			BALANCE DUE:	.00
TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.				
PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.				

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



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Centenario Nightclub

Owner's Name: Roger Leonel Amaya

Address: 199 South State Road 7, Margate, FL.

Phone #: 561-563-3873

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 06/2017 to 06/2018. (The annual period for renewals or modified period for conditional renewals).

11 **Total number of calls for service**

3 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$ **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☒ Yes ☐ No

Explain: 1 inoperative vehicle complaint. Code case has been closed.

Detective Ben Sullivan  
Background completed by

07/24/2018  
Date

Additional comments:

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

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application ☐

Renewal Application ☒

1. CORPORATE NAME: James Earl Frederick PHONE: 954-971-0882
2. NAME OF BUSINESS ORGANIZATION: James Earl Frederick American Legion Post 157  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1791 Moss Parkway Margate FL 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: Jeffrey Colon PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation ( ) \*Limited Liability Corporation (LLC) (☒ If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.)
7. TYPE OF LIQUOR LICENSE: 4COP
8. DATE: 5/15/2018 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV1603508

RECEIVED

MAY 15 2018

[Signature]



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

##### POLICE DEPARTMENT REVIEW:



Recommend Approval



Recommend Review by City Commission



Recommend Rejection

Comments:

Approved.

Authority:

A.C. Jonathan Shaw

Date:

08/09/19



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: James Carl Frederick Post #157 Inc

Owner's Name: James Carl Frederick

Address: 1791 Mears Pkwy Margate, FL 33063

Phone #: 954-9710882

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 05-01-17 to 05-30-18. (The annual period for renewals or modified period for conditional renewals).

6 **Total number of calls for service**

1 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Julio O. Fernandez

Background completed by

05-30-18

Date

Additional comments: One possible crime out of six calls for service, a battery case #371705016414. The suspect in that case was gone prior to police arrival and the complainant did not want to prosecute.



OL110101

CITY OF MARGATE  
License Master Inquiry

5/29/18  
16:27:33

Business control nbr . . : 4410  
License number . . . . : 18 00005111  
Pin number . . . . . : 5472

Last activity:  
Created: 08/22/17 by LHOFF

Business name & address

Mailing address

JAMES CARL FREDERICK POST 157

THE AMERICAN LEGION

1791 MEARS PKWY

1791 MEARS PKWY

MARGATE FL 330633748

MARGATE FL 330633748

Classification . . . . . : 17801

FEE WAIVED NON PROFIT

Exemption applied . . . . . :

License status, date . . . : ACTIVE

8/22/17

Appl, issue date . . . . . : 8/22/17 10/01/17

Expiration, valid thru . . : 9/30/18 9/30/18

Date renewal printed . . . :

Date printed, reprinted . . : 8/22/17

Prior license . . . . . : 17 00005111

Municipal code reference :

Press Enter to continue.

More...

F3=Exit

F7=Miscellaneous information

F9=Additional requirements

F24=More keys

----- STATEMENT -----

DATE: 5/29/18  
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
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BALANCE DUE: .00

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

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

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

**APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS**

**ALCOHOL SALES FOR CONSUMPTION ON PREMISE**

Please check one of the following: New Application \_\_\_\_\_

Renewal Application \_\_\_\_\_

1. CORPORATE NAME: Doherty Apple South Florida LLC PHONE: 201-818-4669
2. NAME OF BUSINESS ORGANIZATION: Applebee's Neighborhood Grill & Bar  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5377 W Atlantic Blvd Margate FL 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: Jerry Marcopoulos PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED] Allendale [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation ( ) \*Limited Liability Corporation (LLC) ☒ \*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4COP/SRX
8. DATE: 6/12/18 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV1617953

RECEIVED

JUN 20 2018

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

NAME: Doherty Apple Florida LLC TITLE: 100% Member

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: 04/22/13 (date of formation) (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: Jerry Marcopoulos TITLE: Manager

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: Timothy Doherty TITLE: Manager

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

\_\_\_\_ 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

Comments:

Reviewed / Approved

Authority:

A.C. for Shaw

Date:

08/09/11

OL110I01

CITY OF MARGATE  
License Master Inquiry

6/20/18  
13:38:50

Business control nbr . : 7577  
License number . . . . : 18 00008868  
Pin number . . . . . : 2945

Last activity:

Created: 09/05/17 by LHOFF

Business name & address

AMAYA'S CENTENARIO NIGHT CLUB,  
199 S STATE ROAD 7

Mailing address

751 SW 7 ST. #2

POMPANO BEACH

FL 33060

MARGATE FL 330685722

Classification . . . . . : 12401 NIGHTCLUB

Exemption applied . . . . . :

License status, date . . . : ACTIVE

9/06/17

Appl, issue date . . . . . : 9/05/17 10/01/17

Expiration, valid thru . . : 9/30/18 9/30/18

Date renewal printed . . . :

Date printed, reprinted . : 9/05/17

Prior license . . . . . : 17 00008868

Municipal code reference :

Press Enter to continue.

More...

F3=Exit

F7=Miscellaneous information

F8=Business inquiry F9=Additional requirements

F24=More keys



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Applebees Neighborhood Bar and Grill Owner's Name: Doherty Apple South Florida LLC

Address: 5377 W. Atlantic Blvd, Margate, FL 33063

Phone #: 201-818-4669

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 8/01/2017 to 8/30/2018. (The annual period for renewals or modified period for conditional renewals).

**14 Total number of calls for service**

**4 Number of violations, crimes and type (Attach police reports or other documentation)**

**0 Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

**\$0 Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Bill Snyder #3493

Background completed by

8/9/2018

Date

Additional comments:

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

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application ☐

Renewal Application ☒

1. CORPORATE NAME: TC S Corp. PHONE: 954-973-1390
2. NAME OF BUSINESS ORGANIZATION: Brady's Irish Pub  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 986 S STRAD 7 Margate FL 33068  
No. and Street City State Zip
4. APPLICANT'S NAME: Thomas Read PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation (☒) \*Limited Liability Corporation (LLC) ( ) \*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4COP
8. DATE: 5/16/18 APPLICANT'S SIGNATURE: Thomas Read
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV 1607932

RECEIVED

MAY 29 2018



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: Thomps READ TITLE: Pres. VP, Trea. Sec.

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

\_\_\_\_\_ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

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

**OFFICE USE ONLY**

**POLICE DEPARTMENT REVIEW:**

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

Comments: Approved

Authority: A.C. Jan Shaw Date: 08/20/18

CITY OF MARGATE  
License Master Inquiry6/01/18  
11:18:10

Business control nbr . . : 2658  
License number . . . . : 18 00003143  
Pin number . . . . . : 7770

Last activity:

Created: 07/20/17 by LHOFF

Business name & address

BRADY'S IRISH PUB

986 S STATE ROAD 7

MARGATE FL 330682808

Mailing address

986 S STATE ROAD 7

MARGATE

FL 330682808

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

Exemption applied . . . . . :

License status, date . . : ACTIVE

7/24/17

Appl, issue date . . . . : 7/20/17 10/01/17

Expiration, valid thru . : 9/30/18 9/30/18

Date renewal printed . . :

Date printed, reprinted . : 7/20/17

Prior license . . . . . : 17 00003143

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys

----- STATEMENT -----

BRADYS IRISH PUB  
986 S SR 7  
MARGATE FL 33063

DATE: 7/16/18  
ACCOUNT#: 2118

ALARM LOCATION:  
986 S SR 7  
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
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=====

			BALANCE DUE:	.00
TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.				
PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.				

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



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Brady's Irish Pub

Owner's Name: Thomas Wayne Read

Address: 986 South State Road 7, Margate, FL.

Phone #: 954-687-8338

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 07/2017 to 07/2018. (The annual period for renewals or modified period for conditional renewals).

4 Total number of calls for service

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

0 Number of alcohol / tobacco violations (Attach police reports or other documentation)

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$ Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Ben Sullivan

Background completed by

07/24/2018

Date

Additional comments:

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

# APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

## ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application \_\_\_\_\_

Renewal Application ☒

1. CORPORATE NAME: Leiseev, LLC PHONE: 804-417-1957
2. NAME OF BUSINESS ORGANIZATION: Brunswick Margate Lanes  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 2020 N. State Road 7 Margate FL 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: Leiseev, LLC PHONE: [REDACTED]  
mailing HOME ADDRESS [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation ( ) \*Limited Liability Corporation (LLC) (☒)\*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: Retailer, consumption on premises only
8. DATE: 5/29/18 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV1600131

RECEIVED

JUN 11 2018

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

NAME: Thomas F. Shannon TITLE: CEO/President

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] NY 10003 (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: Brett F. Parker TITLE: VP/CFO

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

\_\_\_\_\_ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

#### OFFICE USE ONLY

##### POLICE DEPARTMENT REVIEW:

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

Comments: Approved.

Authority: A.C. Jones Date: 08/13/18



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Brunswick Margate Lanes

Owner's Name: Leiser, LLC / Brett Parker,

Address: 2020 N SR 7, Margate, FL 33063

Phone #: 804-417-1957

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 05/01/17 to 05/01/2018. (The annual period for renewals or modified period for conditional renewals).

**11 Total number of calls for service**

**2 Number of violations, crimes and type (Attach police reports or other documentation)**

**0 Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

**\$0 Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain: See attached forms

Detective Michael Shapira #3350

Background completed by

07/02/2018

Date



----- STATEMENT -----

DATE: 6/25/18  
ACCOUNT#: 2357

BRUNSWICK MARGATE LANES  
2020 N SR 7  
LEISERV INC.  
MARGATE FL 33063

ALARM LOCATION:  
2020 N SR 7  
LEISERV INC.  
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
10/20/2012	12006747	FAILED/FALSE POLICE ALARM	25.00
11/21/2013		ADJUSTMENT	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

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: J&D Golf Properties LLC PHONE: 954-753-3580
2. NAME OF BUSINESS ORGANIZATION: Carolina Club / MC Divot's Restaurant  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 3011 Rock Island Rd Margate FL 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: Celestino Avila PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation ( ) \*Limited Liability Corporation (LLC) (☒)\*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4COP SFS
8. DATE: 6-27-18 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER Rev 11607460

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**

**POLICE DEPARTMENT REVIEW:**

☒

Recommend Approval

☐

Recommend Review by City Commission

☐

Recommend Rejection

Comments:

*Approved*

Authority:

*D.C. Jones*

Date:

*08/09/18*



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Carolina Club/McDivot's Resturant

Owner's Name: J and D Golf Properties LLC

Address: 3011 Rock Island Rd, Margate, FL 33063

Phone #: 954-753-3500

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 7/1/2017 to 7/1/2018. (The annual period for renewals or modified period for conditional renewals).

25 **Total number of calls for service**

3 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$ **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Det Paul Christman  
Background completed by

8/8/2018  
Date

Additional comments:

1728 CACASH 8/8/18  
CB/08/18 - Capt. Paul Christman

OL110101

CITY OF MARGATE  
License Master Inquiry

7/25/18  
10:34:54

Business control nbr . : 2270  
License number . . . . : 18 00002702  
Pin number . . . . . : 6339

Last activity:

Created: 09/28/17 by LHOFF

Business name & address

CAROLINA COUNTRY CLUB

3011 N ROCK ISLAND RD

MARGATE

FL 33063

Mailing address

3011 N ROCK ISLAND RD

MARGATE

FL 33063

Classification . . . . . : 14501 RESTAURANTS TAKEOUT ONLY

Exemption applied . . . . . :

License status, date . . . : FIRST RENEWAL MAILED 7/09/18

Appl, issue date . . . . . : 9/28/17 10/01/17

Expiration, valid thru . . : 9/30/18 9/30/18

Gross receipts amount . . . : .00

Date renewal printed . . . : 7/09/18

Date printed, reprinted . . : 9/28/17

Prior license . . . . . : 17 00002702

Municipal code reference :

Press Enter to continue.

More...

F3=Exit F5=Additional charges F6=Charges F7=Miscellaneous information  
F9=Additional requirements F10=Receipts F24=More keys

----- STATEMENT -----

DATE: 7/25/18  
ACCOUNT#: 4220

CAROLINA CLUB  
3011 ROCK ISLAND RD  
CLUB HOUSE  
MARGATE FL 33063

ALARM LOCATION:  
3011 ROCK ISLAND RD  
CLUB HOUSE  
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
------	-------	-------------	--------

=====

BALANCE DUE: .00

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

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

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

RECEIVED

JUL 1 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: El Balcon de Las Americas, Inc PHONE: 954-346-4390
2. NAME OF BUSINESS ORGANIZATION: El Balcon de Las Americas  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 7932 W. Sample Road Margate FL 33065  
No. and Street City State Zip
4. APPLICANT'S NAME: Aldo Tobar PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation ☒ \*Limited Liability Corporation (LLC) ( ) \*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 2COP
8. DATE: 7-12-18 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV 1616170



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

NAME: Alvaro Tobar TITLE: President

HOME ADDRESS: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: Debbie Tobar TITLE: V.P.

HOME ADDRESS: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

\_\_\_\_\_ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

#### OFFICE USE ONLY

##### POLICE DEPARTMENT REVIEW:

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

Comments: Approved

Authority: A.C. J. Shaw Date: 08/16/18

----- STATEMENT -----

DATE: 7/16/18  
ACCOUNT#: 9932

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

ALARM LOCATION:  
7932 W SAMPLE RD  
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
------	-------	-------------	--------

BALANCE DUE: .00

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

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



# 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, Debra Tobar

Address: 7932 West Sample Road, Margate, FL.

Phone #: 561-302-2643 / 561-302-1971

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 07/2017 to 07/2018. (The annual period for renewals or modified period for conditional renewals).

**8 Total number of calls for service**

**0 Number of violations, crimes and type (Attach police reports or other documentation)**

**0 Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

**\$ Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Ben Sullivan  
Background completed by

07/25/2018  
Date

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 X

1. CORPORATE NAME: MAGIN INC. PHONE: 954-972-6266
2. NAME OF BUSINESS ORGANIZATION: GERRI'S SPORT PUB.  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 6500 W. ATLANTIC BLVD. MARGATE FL. 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: JERZY OLES PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation (X) \*Limited Liability Corporation (LLC) ( ) \*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: BEV 1600494 LCOP
8. DATE: 5-14-18 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063

RECEIVED

10. STATE BEVERAGE LICENSE NUMBER BEV 1600494

MAY 16 2018

[Signature]

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

NAME: JERZY OLES TITLE: PRESIDENT

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: CANDACE SMITH TITLE: —

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

\_\_\_\_\_ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

**OFFICE USE ONLY**

**POLICE DEPARTMENT REVIEW:**

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

Comments: Approved.

Authority: A.C. Jon Shaw Date: 08/05/18



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Gerri's Sport Pub

Owner's Name: Jerry Oles

Address: 6500 W Atlantic Blvd, Margate, FL 33063

Phone #: 954-972-6266

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

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 \_\_\_\_\_ to \_\_\_\_\_. (The annual period for renewals or modified period for conditional renewals).

**21 Total number of calls for service**

**3 Number of violations, crimes and type (Attach police reports or other documentation)**

**0 Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

**\$ Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Det. Paul Christman #3387

Background completed by

6/5/18

Date

Additional comments:



RECEIVED

JUL 10 2018

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

JUL 10 2018

RECEIVED

## APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application ☐

Renewal Application ☒

1. CORPORATE NAME: Goldchoice Production Inc PHONE: 954 984-7544
2. NAME OF BUSINESS ORGANIZATION: GOLD CHOICE BALLROOM  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 343-345-347 S. STATE RD 7 MARGATE FL 33068  
No. and Street City State Zip
4. APPLICANT'S NAME: WILLY JEAN-JACQUES PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation ☒ \*Limited Liability Corporation (LLC) ( ) \*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 2 COP
8. DATE: 7/11/18 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV1618372



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

NAME: Willy JEAN-Jacques TITLE: President

HOME ADDRESS: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

\_\_\_\_\_ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

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

**OFFICE USE ONLY**

**POLICE DEPARTMENT REVIEW:**

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

Comments: Approved

Authority: A.C. Jon Shaw Date: 08/20/18



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Gold Choice Ballroom

Owner's Name: Willy Jean-Jacques

Address: 343 - 345 - 347 S SR 7 Margate, FL. 33068

Phone #: (954)984-9544

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 07/01/17to 07/24/18. (The annual period for renewals or modified period for conditional renewals).

0 **Total number of calls for service**

0 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Schwartz

Background completed by

07/24/18

Date

Additional comments:

----- STATEMENT -----

GOLD CHOICE BALLROOM  
345 S SR 7  
MARGATE FL 33063

DATE: 7/16/18  
ACCOUNT#: 7142

ALARM LOCATION:  
345 S SR 7  
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
------	-------	-------------	--------

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.			BALANCE DUE:	.00
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

RECEIVED

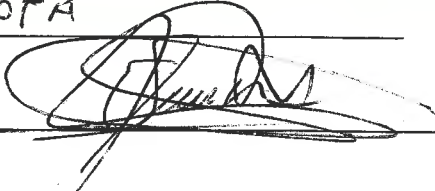
JUL - 9 2018

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: LUNA ENTERTAINMENT GROUP PHONE: 954 876 2469
2. NAME OF BUSINESS ORGANIZATION: QUAPOS COCKTAIL BAR & LOUNGE  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 2160 MEARS PARKWAY MARGATE FLORIDA 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: EVER CONTILERAS PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation (X) \*Limited Liability Corporation (LLC) ( ) \*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4 COP QUOTA
8. DATE: 6-6-18 APPLICANT'S SIGNATURE: 
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV1600318

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: Ever Contreras TITLE: president / only member

HOME ADDRESS: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: n/a 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: n/a 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

Comments: Approved.

Authority: A.C. for Shaw

Date: 08/20/18

----- STATEMENT -----

DATE: 7/16/18  
ACCOUNT#: 8501

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

ALARM LOCATION:  
2160 NW 19TH ST  
MARGATE FL 33063

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

BALANCE DUE: .00

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

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



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Guapos Cocktail Bar and Lounge

Owner's Name: Ever Alfanzo Contreras

Address: 2160 Mears Parkway, Margate, FL. 33063

Phone #: 754-366-5553

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 07/2017 to 07/2018. (The annual period for renewals or modified period for conditional renewals).

5 **Total number of calls for service**

0 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$ **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Ben Sulliavn

Background completed by

07/24/2018

Date

Additional comments:



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

**APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS**

**ALCOHOL SALES FOR CONSUMPTION ON PREMISE**

Please check one of the following: New Application ☐

Renewal Application ☒

1. CORPORATE NAME: JASMINE THAI CHINESE RESTAURANT INC. PHONE: 954 979 5530
2. NAME OF BUSINESS ORGANIZATION: JASMINE THAI SUSHI  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1785 N. STATE RD 7 MARGATE FL 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: PERK HONGNOKHUN PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation ☒ \*Limited Liability Corporation (LLC) ( ) \*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4 COP SRX
8. DATE: MAY 30 18 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV. 1613519

RECEIVED

MAY 29 2018

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: PREENA HONGNOPKHUN TITLE: President

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: BEN HONGNOPKHUN TITLE: Secretary

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: CHRISTINE P. HONGNOPKHUN KELLY TITLE: Vice President

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

\_\_\_\_ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

#### OFFICE USE ONLY

##### POLICE DEPARTMENT REVIEW:

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

Comments: Approved.

Authority: A.C. for Shaw

Date: 08/13/18

Business control nbr . : 6329  
License number . . . . : 18 00007431  
Pin number . . . . . : 5604

Business name & address  
JASMINE THAI & CHINESE REST.,  
1785 N STATE ROAD 7  
MARGATE FL 330635705

Classification . . . . . : 14504

Exemption applied . . . . . :

License status, date . . : ACTIVE

Appl, issue date . . . . : 7/20/17 10/01/17

Expiration, valid thru . : 9/30/18 9/30/18

Last activity:

**Created: 07/20/17 by LHOFF**

Mailing address

1785 LLC  
1785 N STATE ROAD 7  
MARGATE FL 330635705

RESTAURANTS CAPACITY 51-150

7/24/17

Date renewal printed . . :

Date printed, reprinted . : 7/20/17

Prior license . . . . . : 17 00007431

Municipal code reference :

**Press Enter to continue.**

**F3=Exit**

**More...**

**F7=Miscellaneous information**

**F9=Additional requirements**

**F24=More keys**



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Jasmine Thai

Owner's Name: Preecha Hongnophun

Address: 1785 N SR 7, Margate, FL, 33063

Phone #: 1785 N SR 7

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 05/01/17 to 5/30/2018. (The annual period for renewals or modified period for conditional renewals).

**13 Total number of calls for service**

**1 Number of violations, crimes and type (Attach police reports or other documentation)**

**0 Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

**\$ 0 Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain: See attached forms

Detective Michael Shapira #3350

Background completed by

06/26/2018

Date

MF0151FM CITY OF MARGATE FALSE ALARM BILLING 6/07/18  
NUMBER OF FALSE ALARMS Customer Maintenance 16:45:04

Last Year: 00 Current: 00  
Account#.: 1245 Current balance.: \$.00 I=Inactive C=Cited  
T=Court V=Vacant  
Name...: JASMINE THAI/CHINESE REST ZONE.: 03 (F4) Status.: S=Suspend  
LOCATION Status Date.: 11 05 1998  
Address...: 1785 N SR 7 Citation Date.: 00 00 0000

City.....: MARGATE State.: FL Zip code.: 33063  
Home Phone: 0000000000 Business Phone.: 9549795530 Cell Phone: 0000000000  
DECAL#.....: 01346 issued on 11 10 1998 Customer Type.: B B=Business  
R=Residential

CONTACT  
Name.....: CHINPONE VONGKRUAMAN  
-----AUDIT-----  
Performed Notified  
00 00 0000 00 00 0000

BILLING  
Address...: \_\_\_\_\_

City.....: \_\_\_\_\_ State.: \_\_ Zip code.: \_\_\_\_\_

More...

F3=Exit F5=Alarm Types F7=History F8=Address Search F11=Print Invoice  
F12=Cancel F13=Address Override F14=Transaction Entry F15=Narrative

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

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application \_\_\_\_\_

Renewal Application ☒

1. CORPORATE NAME: Jawil Enterprises, Corp PHONE: 954 360 4212
2. NAME OF BUSINESS ORGANIZATION: Masters Billiards  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 201 - 203 - 205 S. State Road 7 Margate, FL 33068  
No. and Street City State Zip
4. APPLICANT'S NAME: Ingrid C. Salgado PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation ☒ \*Limited Liability Corporation (LLC) ( ) \*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4 COP SRX
8. DATE: 6/5/18 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV 1615 236

RECEIVED

JUN - 6 2018



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

NAME: Ingrid C. Salgado TITLE: Owner  
HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

\_\_\_\_\_ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

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

**OFFICE USE ONLY**

**POLICE DEPARTMENT REVIEW:**

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

Comments: Reviewed/ Approved.

Authority: A.C. Johnson Date: 08/07/18



Business control nbr . . : 5102  
License number . . . . : 18 00008705  
Pin number . . . . . : 9335

Business name & address

MASTERS BILLIARDS

201 S STATE ROAD 7

MARGATE

FL 330685702

Classification . . . . . : 14505

Exemption applied . . . . . :

License status, date . . . : ACTIVE

Appl, issue date . . . . . : 9/27/17 10/01/17

Expiration, valid thru . . : 9/30/18 9/30/18

Last activity:

**Created: 09/27/17 by LHOFF**

Mailing address

JAWIL ENTERPRISES CORP.

7875 MARGATE BLVD BLDG 1 #201

MARGATE FL 33063

RESTAURANTS CAPACITY OVER 150

Date renewal printed . . . :

Date printed, reprinted . . : 9/27/17

Prior license . . . . . : 17 00008705

Municipal code reference :

**Press Enter to continue.**

**F3=Exit**

**More...**

**F7=Miscellaneous information**

**F9=Additional requirements**

**F24=More keys**



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Masters Billiards

Owner's Name: Ingrid Salgado

Address: 201-203-205 S SR7

Phone #: 954-366-4212

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of May 2017 to May 2018. (The annual period for renewals or modified period for conditional renewals).

0 **Total number of calls for service**

0 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Erin Blanton

Background completed by

07/01/18

Date

Additional comments:

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

APPLICATION FOR SPECIAL PERMIT FOR EXTENDED HOURS

ALCOHOL SALES FOR CONSUMPTION ON PREMISE

Please check one of the following: New Application \_\_\_\_\_

Renewal Application X

1. CORPORATE NAME: Jackson OG INC PHONE: 954 917 2855
2. NAME OF BUSINESS ORGANIZATION: JESSE'S XTREME SPORTS BAR  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5442 W. ATLANTIC BLVD. MARGATE FL 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: JESSE WALCUTT PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership X \*Corporation ( ) \*Limited Liability Corporation (LLC) ( ) \*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4COP LICENSE # BEV 160 7359
8. DATE: 5/14/18 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV 160 7359

RECEIVED

MAY 16 2018

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

NAME: JESSE WALCOTT TITLE: PRESIDENT

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: JENNIFER SCALETTA TITLE: SECRETARY

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: JEANNINE STANFORD TITLE: DIRECTOR

HOME ADDRESS: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

\_\_\_\_ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

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

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:

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

Comments: Approved.

Authority: A.C. Jon Shaw Date: 08/13/18

----- STATEMENT -----

DATE: 5/30/18  
ACCOUNT#: 7423

JESSIE'S BAR  
5438 W ATLANTIC BLV  
MARGATE FL 33063

ALARM LOCATION:  
5438 W ATLANTIC BLV  
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
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BALANCE DUE: .00

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

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

OL110I01

CITY OF MARGATE  
License Master Inquiry

5/31/18  
10:24:08

Business control nbr . . : 4096  
License number . . . . : 18 00004740  
Pin number . . . . . : 4731

Last activity:

Created: 08/08/17 by LHOFF

Business name & address

Mailing address

JESSE'S XTREME SPORTS BAR

5438 W ATLANTIC BLVD

5438 W ATLANTIC BLVD

MARGATE

FL 33063

MARGATE FL 330635215

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

Exemption applied . . . . . :

License status, date . . . : ACTIVE

8/08/17

Appl, issue date . . . . . : 8/08/17 10/01/17

Expiration, valid thru . . : 9/30/18 9/30/18

Date renewal printed . . . :

Date printed, reprinted . . : 8/08/17

Prior license . . . . . : 17 00004740

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Jesse's Xtreme Sports Bar

Owner's Name: Jesse Walcutt

Address: 5442 W. Atlantic Blvd Margate, FL 33063

Phone #: 954-917-2855

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 5/01/2017 to 5/30/2018. (The annual period for renewals or modified period for conditional renewals).

8 **Total number of calls for service**

0 **Number of violations, crimes and type (Attach police reports or other documentation)**

0 **Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 **Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Detective Bill Snyder #3493

Background completed by

5/30/2017

Date

Additional comments:



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

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

Please check one of the following: New Application ☐

Renewal Application ☒

1. CORPORATE NAME: O'Malley's Sports Bar INC PHONE: 561-302-0734
2. NAME OF BUSINESS ORGANIZATION: O'Malley's Sport Bar  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1388 N STATE Rd #7 MARGATE FL 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: Stephen Johnson PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation ( ) \*Limited Liability Corporation (LLC) ( ) \*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4 COP
8. DATE: 6-26-18 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEU 1607956

RECEIVED

JUL - 6 2018

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

NAME: Stephen Johnson TITLE: Pres

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

\_\_\_\_ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

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

**OFFICE USE ONLY**

**POLICE DEPARTMENT REVIEW:**

☒

Recommend Approval

☐

Recommend Review by City Commission

☐

Recommend Rejection

Comments: \_\_\_\_\_

Authority: A.C. Jonathan Shaw Date: 08/09/18



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: O'Malley's Sports Bar

Owner's Name: Steven <sup>Johnson</sup>~~Parker~~ / President

Address: 1388 N SR 7, Margate, FL, 33063

Phone #: 561-302-0734

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 07/01/17 to 07/01/2018. (The annual period for renewals or modified period for conditional renewals).

19 Total number of calls for service

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

0 Number of alcohol / tobacco violations (Attach police reports or other documentation)

Does the business have a permitted alarm? ☒ Yes ☐ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☒ No ☐ N/A

\$0 Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain: See Attached Forms

Detective Michael Shapira #3350

Background completed by

08/06/2018

Date

L206 GACASKIT 8/8/18

8/8/18 - Capt. Tim Judman

Reviewed A.C. Shaw 08/09/18

08/16/18 - Update: Per Teresa Jones all fees ARE paid and the business tax receipts ARE valid thru 09/30/19. (see email attach) (not for Sulli)

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

Additional comments: The business has an inactive occupational license. I checked with the city clerks office and they verified that multiple attempts have been made to contact the owner regarding this issue.

CITY OF MARGATE  
License Master Inquiry7/25/18  
10:46:06

Business control nbr . . : 3279  
License number . . . . : 17 00003900  
Pin number . . . . . : 4350  
Business name & address  
O'MALLEYS SPORTS BAR INC  
1388 N STATE ROAD 7 # 2  
MARGATE FL 330632836  
Classification . . . . . : 14505 RESTAURANTS CAPACITY OVER 150  
Exemption applied . . . . :  
License status, date . . . : THIRD RENEWAL MAILED 1/22/18  
Appl, issue date . . . . : 12/29/16 10/01/16  
Expiration, valid thru . . : 9/30/17 9/30/17  
Gross receipts amount . . : .00  
Date renewal printed . . : 1/22/18  
Date printed, reprinted . . : 12/29/16 *expired havent renewed for 2018*  
Prior license . . . . . : 16 00003900  
Municipal code reference :  
Press Enter to continue.  
F3=Exit F5=Additional charges F6=Charges F7=Miscellaneous information More...  
F9=Additional requirements F10=Receipts F24=More keys

----- STATEMENT -----

DATE: 7/25/18  
ACCOUNT#: 5290

O'MALLEYS  
1388 N SR 7  
MARGATE FL 33063

ALARM LOCATION:  
1388 N SR 7  
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
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BALANCE DUE: .00

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

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

## FW: O'Malley's

Theresa Jones

Thu 8/16/2018 4:18 PM

To: Laura Sudman <lsudman@margatefl.com>;

Captain Sudman,

See below.

**Theresa Jones, FCRM**

Clerk Coordinator

City of Margate, City Clerk's Office

5790 Margate Blvd.

Margate, FL 33063

[tjones@margatefl.com](mailto:tjones@margatefl.com)

954-935-5326

City Hall Hours: Monday-Friday, 8am-6pm

---

**From:** Melissa Miller

**Sent:** Thursday, August 16, 2018 4:13 PM

**To:** Theresa Jones

**Cc:** Dan Topp

**Subject:** O'Malley's

They have paid and are now up to date with their BTR until 9/30/19

*Melissa M. Miller*

Development Services Department

901 NW 66<sup>th</sup> Avenue

Margate, Florida 33063

[mmiller@margatefl.com](mailto:mmiller@margatefl.com)

954-884-3682



RECEIVED

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

JUL - 9 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: SAGON DEL, INC. PHONE: (954) 975-2426
2. NAME OF BUSINESS ORGANIZATION: SAGON CUISINE  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 1394 N. SR 7 Margate FL 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: YOUNG LE PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation ☒ \*Limited Liability Corporation (LLC) ( ) \*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: ACOP
8. DATE: 7/5/2018 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEV 1618538

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

NAME: YOUNG LE TITLE: PRESIDENT  
HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

\_\_\_\_\_ If additional space is needed to list, please attach a separate sheet listing the names, addresses, titles, phone numbers and dates of birth and place a check mark on this line. Also attach a copy the corporate listing from the Division of Corporations website, <http://www.sunbiz.org>.

If any of the listed individuals have been convicted of a felony crime within the last five (5) years, please list the name of the individual, the state where the felony took place and the law enforcement agency involved.

OFFICE USE ONLY

POLICE DEPARTMENT REVIEW:

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

Comments: Approved.

Authority: A.C. Jon Shaw Date: 08/09/18

OL110101

CITY OF MARGATE  
License Master Inquiry

7/18/18  
15:15:16

Business control nbr . : 4076  
License number . . . . : 18 00004723  
Pin number . . . . . : 7531

Business name & address  
SAIGON CUISINE/VIETNAMESE REST  
1392 N STATE ROAD 7  
MARGATE FL 330632836

Last activity:

Updated: 11/09/17 by LHOFF

Mailing address

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

Classification . . . . . : 14505 RESTAURANTS CAPACITY OVER 150  
Exemption applied . . . . :  
License status, date . . . : FIRST RENEWAL MAILED 7/09/18  
Appl, issue date . . . . : 9/27/17 10/01/17  
Expiration, valid thru . . : 9/30/18 9/30/18

Date renewal printed . . : 7/09/18  
Date printed, reprinted . : 9/27/17  
Prior license . . . . . : 17 00004723  
Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys

----- STATEMENT -----

DATE: 7/16/18  
ACCOUNT#: 7196

SAIGON CUISINE  
1394 N SR 7  
MARGATE FL 33063

ALARM LOCATION:  
1394 N SR 7  
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
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=====

BALANCE DUE: .00

TOTAL AMOUNT DUE 30 DAYS FROM INVOICE DATE.

PLEASE INDICATE ACCOUNT NUMBER OR DECAL NUMBER ON YOUR REMITTANCE.

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



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### BACKGROUND CHECK

Business Name: Siagon Cuisine

Owner's Name: Young Le

Address: 1394 N SR 7

Phone #: 917-789-8701

1. Has the license, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Have any of the licensee's corporate members, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of July 2017 to July 2018. (annually period for renewals/modified period for conditionals)

11 Number of calls for service

1 Number of violations, crimes and type (use detail)  
Theft of a cell phone from within the business

0 Number of alcohol / tobacco violations (use detail)

\$0 Outstanding alarm fees

Detail:

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

Explain: Renewal on 07/09/18

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

Explain: Expires 03/31/2019

Detective Erin Blanton

Background completed by

07/18/18

Date

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

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

Please check one of the following: New Application ☐

Renewal Application ☒

1. CORPORATE NAME: Sharkey Liquors PHONE: 954 978 3062
2. NAME OF BUSINESS ORGANIZATION: Sharkey Blvd. Lounge  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5889 Margate Blvd  
No. and Street City State Zip
4. APPLICANT'S NAME: Dawn & T.A. Sharkey PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] *This line must be completed in order to process your request. If left blank, your form will be returned to you.*
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation ☒ \*Limited Liability Corporation (LLC) ( ) \*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: Beer Wine
8. DATE: 5-18-18 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER \_\_\_\_\_

RECEIVED

MAY 23 2018

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

NAME: Dawn Sharkey TITLE: Vic Pres  
HOME ADDRESS: [REDACTED]  
DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: T. A. Sharkey TITLE: Pres  
HOME ADDRESS: [REDACTED] PHONE: [REDACTED]  
DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

\_\_\_\_\_ 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

Comments: Approved.

Authority: A.C. Jim Shaw Date: 08/21/18





# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: Sharkey Blvd Lounge

Owner's Name: Dawn & TA Sharkey

Address: 5889 Margate Blvd

Phone #: 954-292-8697

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 05/01/2017 to 05/01/2018. (The annual period for renewals or modified period for conditional renewals).

**3 Total number of calls for service**

**1 Number of violations, crimes and type (Attach police reports or other documentation)**

**0 Number of alcohol / tobacco violations (Attach police reports or other documentation)**

Does the business have a permitted alarm? ☐ Yes ☒ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☐ No ☒ N/A

**\$0 Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)**

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Det. Michael Starkman

Background completed by

06/14/2018

Date

Additional comments:

OL110I01

CITY OF MARGATE  
License Master Inquiry

6/01/18  
11:16:57

Business control nbr : 3659  
License number : 18 00004321  
Pin number : 5591

Last activity:

Created: 07/25/17 by LHOFF

Business name & address

SHARKEY'S BLVD. LOUNGE

5889 MARGATE BLVD

MARGATE

FL 330632834

Mailing address

5889 MARGATE BLVD

MARGATE

FL 330632834

Classification : 11301

MERCHANT'S RETAIL STOCK LESS THAN \$1000

Exemption applied :

License status, date : ACTIVE

7/26/17

Appl, issue date : 7/25/17 10/01/17

Expiration, valid thru : 9/30/18 9/30/18

Date renewal printed :

Date printed, reprinted : 7/25/17

Prior license : 17 00004321

Municipal code reference :

Press Enter to continue.

F3=Exit

More...

F7=Miscellaneous information

F9=Additional requirements

F24=More keys

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

RECEIVED

JUL - 9 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: My Street Holdings PHONE: 561-927-8341
2. NAME OF BUSINESS ORGANIZATION: TQLA Station  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 5190 Coconut Creek Pkwy Margate FL 33063  
No. and Street City State Zip
4. APPLICANT'S NAME: Margarito Benteria PHONE: [REDACTED]  
HOME ADDRESS: [REDACTED]  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation (☒) \*Limited Liability Corporation (LLC) ( ) \*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 4COP - Full Quota
8. DATE: 7-3-18 APPLICANT'S SIGNATURE: [Signature]
9. RETURN APPLICATION WITH \$150 FILING FEE TO:  
City Clerk's Office  
City Of Margate  
5790 Margate Boulevard  
Margate, FL 33063
10. STATE BEVERAGE LICENSE NUMBER BEU 1600076

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: Margarito Benteria TITLE: President

HOME ADDRESS: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: Elemi Benteria TITLE: VP

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

NAME: Maria Benteria TITLE: Treasurer

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] (This line must be completed in order to process your request. If left blank, your form will be returned to you.)

\_\_\_\_ 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

Comments: Approved

Authority: A.C. for Shaw Date: 08/07/18



# MARGATE POLICE DEPARTMENT

## SPECIAL PERMIT FOR EXTENDED HOURS

### ALCOHOLIC BEVERAGE SALES

### INDICES CHECK

Business Name: My Street Holding DBA TQLA Station Owner's Name: Margarito Renteria

Address: 8600 Woodgrove Harbor Ln Boynton Beach, FL 33473 Phone #: 561-927-8341

1. Has the licensee, at the licensed premises, within three (3) years been **arrested or charged** with violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said arrest/charge relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

2. Has the licensee, at the licensed premises, within three (3) years been **convicted** of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

3. Have any of the licensee's employees, at the licensed premises, within three (3) years been convicted of violating any of the laws of the State of Florida or any other state, relating to the following:

A. That said conviction relates to the conduct of the licensee's present business? ☐ Yes ☒ No

If yes, explain:

4. Margate Police Records check of the amount and degree of law enforcement activity being generated by the establishment both inside and outside the location for the period of 7/1/2017 to 7/1/2018. (The annual period for renewals or modified period for conditional renewals).

5 Total number of calls for service

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

0 Number of alcohol / tobacco violations (Attach police reports or other documentation)

Does the business have a permitted alarm? ☐ Yes ☒ No

Does the business have any unpaid alarm fees or fines? ☐ Yes ☐ No ☒ N/A

\$ Total amount of unpaid alarm fees or fines (Attach documentation, if applicable)

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

Does the business have a current State of Florida alcoholic beverage license? ☒ Yes ☐ No

Does the business have any open or historical code compliance issues? ☐ Yes ☒ No

Explain:

Det Paul Christman  
Background completed by

7/19/2018  
Date

Additional comments: