

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: Los Perros del Sobrino, INC. PHONE: 954-755-7155
2. NAME OF BUSINESS ORGANIZATION: Los Perros del Sobrino  
(Name which the business operates under/fictitious name/DBA)
3. ADDRESS: 7950 W. Sample Road Margate FL 33065  
No. and Street City State Zip
4. APPLICANT'S NAME: Alvaro Tobar PHONE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
No. and Street City State Zip
5. APPLICANT'S DATE OF BIRTH: \_\_\_\_\_ (This line must be completed in order to process your request. If left blank, your form will be returned to you.)
6. BUSINESS ENTITY: Sole Proprietorship ( ) \*Partnership ( ) \*Corporation (X) \*Limited Liability Corporation (LLC) ( ) \*If form of business is partnership or corporation the reverse side of this form must be completed. If the reverse side is not completed your form will be returned to you.
7. TYPE OF LIQUOR LICENSE: 2 COP
8. DATE: 6-11-19 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 BEV1622962

RECEIVED

JUN 19 2019

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: Andres Gonzalez TITLE: VoP

HOME ADDRESS: [REDACTED] 5045

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: Jonathan Shaw  
Jonathan Shaw, Chief of Police

Date: July 11, 2019

OL100I01

CITY OF MARGATE  
Business Master Inquiry

6/18/19  
09:57:35

Business: 6000 LOS PERROS DEL SOBRINO

Business address

7950 W SAMPLE RD  
MARGATE FL 330654712

Mailing address

EL BALCON DE LAS AMERICAS PROD  
7950 W SAMPLE RD  
MARGATE FL 330654712

Location ID . . . : 228560  
Date opened . . . : 11/14/11  
Federal tax ID . . : 800738847  
Business phone . . : 954 755-7155  
Status/date . . . : A 11/14/11  
Email address . . : kasper66@comcast.net

Contractor flag . . :  
Type of ownership . : C  
Secondary phone/type: 954 796-8207 EM  
Type of business . . :  
Email renewals . . :

Owner Information

TOBAR, ALVARO

Total amount due . . : .00  
Phone . . . . . : 561 302-2643

Press Enter to continue.

F3=Exit F5=Display officers

F7=Miscellaneous information  
F12=Cancel

F9=Display licenses  
F24=More keys

OL100I03

CITY OF MARGATE  
Business Master Inquiry - Licenses

6/18/19  
09:57:50

Business: 6000 LOS PERROS DEL SOBRINO

Business address

7950 W SAMPLE RD  
MARGATE FL 330654712

Mailing address

EL BALCON DE LAS AMERICAS PROD  
7950 W SAMPLE RD  
MARGATE FL 330654712

Type options, press Enter.

1=Select

Opt	Lic Nbr	Classification	Status	Amount	Due
-	19 00007837	CATERING SERVICE	AC	.00	
-	19 00007050	RESTAURANTS CAPACITY 16-50	AC	.00	
-	18 00007837	CATERING SERVICE	RN	.00	
-	18 00007050	RESTAURANTS CAPACITY 16-50	RN	.00	
-	17 00007837	CATERING SERVICE	RN	.00	
-	17 00007050	RESTAURANTS CAPACITY 16-50	RN	.00	
-	16 00007837	CATERING SERVICE	RN	.00	
-	16 00007050	RESTAURANTS CAPACITY 16-50	RN	.00	
-	15 00007837	CATERING SERVICE	RN	.00	
					More...
Total Amount Due				.00	

F3=Exit F5=Officers F7=Miscellaneous information F12=Cancel

----- STATEMENT -----

DATE: 6/27/19  
ACCOUNT#: 9428

A TODO TAGO



ALARM LOCATION:  
7950 W SAMPLE RD  
MARGATE FL 33063

DATE	CASE#	DESCRIPTION	AMOUNT
07/02/2012		SETUP/REINSTAMENT FEE POLICE ALARM	25.00
07/02/2012		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