



ALCOHOL SALES FOR CONSUMPTION ON PREMISE

SPECIAL PERMIT FOR EXTENDED HOURS APPLICATION

Please check one of the following: () **New Application** (or transfer of ownership) () **Renewal Application**

1. CORPORATE NAME: _____ PHONE: _____

2. NAME OF BUSINESS ORGANIZATION: _____
(Name which the business operates under/fictitious name/DBA)

3. ADDRESS: _____
No. and Street City State Zip

4. APPLICANT NAME: _____ PHONE: _____

HOME ADDRESS: _____
No. and Street City State Zip

5. APPLICANT'S DATE OF BIRTH: _____ (required to process the application or form will be returned)

6. BUSINESS ENTITY: () **Sole Proprietorships** - only complete page 1
* () **Partnership** * () **Corporation** * () **Limited Liability Corporation (LLC)**
* must complete page 2 or form will be returned

7. TYPE OF ALCOHOL LICENSE: _____

8. DATE: _____ APPLICANT'S SIGNATURE: _____

9. RETURN APPLICATION WITH FILING FEE TO: **Development Services Department**
City of Margate
901 NW 66th Avenue
Margate, FL 33063
954-979-6213 / 954-884-3682

➤ **Tier 1 Filing Fee-weekends only: \$500.00 ()**
2:00 a.m. until 4:00 a.m. on Saturday and Sunday.

➤ **Tier 2 Filing Fee-seven (7) days a week: \$1,000.00 ()**
2:00 a.m. until 4:00 a.m., Monday through Sunday.

NOTE: For FY 20/21 only, **October 1, 2020 – September 30, 2021**, due to hardships related to COVID-19, Tier2 is hereby reduced from \$2,500 to \$1,000.00

➤ **A Cash Bond maybe required as a condition of granting the special permit: \$2,500.00 ()**

10. STATE BEVERAGE LICENSE NUMBER: _____

NOTE: 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. (see page 2)

SPECIAL PERMIT FOR EXTENDED HOURS APPLICATION (pg.2/2)

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____

NAME: _____ TITLE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____

- If additional space is needed for listing, 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.

<u>OFFICE USE ONLY: POLICE DEPARTMENT RECOMMENDATION</u>		
_____ Approve	_____ Deny	Bond Recommendation: \$ _____
<i>Comments:</i> _____ _____		
<i>By:</i> _____	<i>Date:</i> _____	
<i>Authority:</i> _____	<i>Date:</i> _____	

<u>OFFICE USE ONLY: CITY MANAGER</u>		
_____ Approved	_____ Denied	Bond Amount: \$ _____
<i>Comments:</i> _____ _____		
<i>By:</i> _____	<i>Date:</i> _____	