



## ALCOHOL SALES FOR CONSUMPTION ON PREMISE

### SPECIAL PERMIT FOR EXTENDED HOURS APPLICATION

Please check one of the following: New Application \_\_\_\_\_      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:  
**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: \$2,500.00 ( )**  
2:00 A.M. UNTIL 4:00 A.M., Monday through Sunday

**Development Services Department**  
**City of Margate**  
901 NW 66<sup>th</sup> Avenue  
Margate, FL 33063  
954-979-6213 / 954-884-3682

**A Cash Bond maybe required as a condition of granting the special permit: \$2500.00 ( )**

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 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: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

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

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

DATE OF BIRTH: \_\_\_\_\_

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

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

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 of 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.

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**OFFICE USE ONLY: POLICE DEPARTMENT RECOMMENDATION:**

Approve       Deny

**Bond Recommendation: \$ \_\_\_\_\_**

Comments:

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By: \_\_\_\_\_

Date: \_\_\_\_\_

Authority: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY: CITY MANAGER**

Approve       Deny

**Bond Recommendation: \$ \_\_\_\_\_**

Comments:

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By: \_\_\_\_\_

Date: \_\_\_\_\_