

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:** _____ **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'S NAME:** _____ **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 () *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:** _____
8. **DATE:** _____ **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** _____

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: _____

Authority: _____ Date: _____