



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: **Development Services Department**
Tier 1 Filing Fee-weekends only: \$500.00 () **City of Margate**
2:00 A.M. UNTIL 4:00 A.M. on Saturday and Sunday. 901 NW 66th Avenue
Margate, FL 33063
Tier 2 Filing Fee-seven (7) days a week: \$2,500.00 () 954-979-6213 / 954-884-3682
2:00 A.M. UNTIL 4:00 A.M., Monday through Sunday

A Cash Bond may be 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.



OFFICE USE ONLY: POLICE DEPARTMENT RECCOMENDATION:

____ Approve ____ Deny **Bond Recommendation: \$ _____**

Comments:

By: _____ Date: _____

Authority: _____
Date: _____

OFFICE USE ONLY: CITY MANAGER

____ Approve ____ Deny **Bond Recommendation: \$ _____**

Comments:

By: _____ Date: _____