



SPECIAL EXTENDED HOURS PERMIT

ALCOHOL SALES – (FOR CONSUMPTION ON PREMISE)

RETURN COMPLETED APPLICATION WITH \$500 FEE TO:

Community Development
City of Tamarac
7525 NS 88 Avenue
Tamarac, FL 33321

Instructions: Please complete Sections A – D (Incomplete applications will not be processed)

SECTION A

Please check one of the following

New Application

Renewal Application

SECTION B

CORPORATE NAME

PHONE

NAME OF BUSINESS/ORGANIZATION (The name which the business operates under/fictitious name/DBA)

ADDRESS

BUSINESS ENTITY : If the type of business is a **partnership** or **corporation**, please complete SECTION C (page 2).

- Sole Proprietorship
- Partnership
- Corporation
- Limited Liability Corporation (LLC)

TYPE OF LIQUOR LICENSE

STATE BEVERAGE LICENSE NUMBER

APPLICANT'S NAME (owner or lessee of the establishment)

APPLICANT'S DATE OF BIRTH

APPLICANT'S HOME ADDRESS

APPLICANT'S EMAIL ADDRESS

APPLICANT'S TELEPHONE NUMBER

DATE

APPLICANT'S SIGNATURE

SECTION C – If the type of business is a *partnership* or *corporation*

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.

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.

NAME	TITLE
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HOME ADDRESS

DATE OF BIRTH	PHONE
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NAME	TITLE
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HOME ADDRESS

DATE OF BIRTH	PHONE
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SECTION D

Please provide detailed justification for each criterion in a separate written statement

(O-2019-24) City of Tamarac Code of Ordinance Chapter 3 “Alcoholic Beverages” Sec.3-4:

(c) Such request shall be submitted to the Community Development Department in writing at least three (3) weeks prior to the date of the city commission meeting at which it will be considered.

(d) The city commission may approve a special permit for a period of one (1) year if it finds that there will be no substantially adverse impact on the surrounding area based on the following criteria:

- 1) Increased parking demands;
- 2) Increased law enforcement demands;
- 3) Increased environmental and aesthetic impact, including generation of noise, light and odors;
- 4) Increased adverse effects on existing properties within the immediate neighborhood;
- 5) The ability of the establishment's owners or management to minimize the above- listed effects.

OFFICE USE ONLY:

Department Review

Recommend Approval Recommend Rejection

Director's Signature	Date
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City Commission

Approved Not Approved Date

Date Issued:	Date Expired:
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