



EXTENDED HOURS ALCOHOLIC BEVERAGE LICENSE

This application must be completed **in full** and submitted with all necessary documents including a One Thousand Dollar (\$1000) application fee for processing. Refer to the checklist for the documentation to include with this application. Plans submitted shall be clearly drawn and properly dimensioned.

| APPLICATION TYPE | | CATEGORY TYPE | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Renewal of Application | <input type="checkbox"/> Restaurant/Bar | <input type="checkbox"/> Hotel/Bar |
| LOCATION INFORMATION | | | |
| Address: | | | |
| Current Zoning: | | Folio No.: | |
| Name of Business: | | Square Footage: | |
| OWNER INFORMATION | | | |
| Name: | | Phone No.: | |
| Alt. Phone No.: | | Email: | |
| Address: | | | |
| CONSULTANT/REPRESENTATIVE INFORMATION | | | |
| Name: | | Phone No.: | |
| Alt. Phone No.: | | Email: | |
| Address: | | | |
| PROPERTY OWNER INFORMATION | | | |
| Name: | | Phone No.: | |
| Alt. Phone No.: | | Email: | |
| Address: | | | |
| STATE LIQUOR LICENSE HOLDER NAME | | | |
| Name: | | Phone No.: | |
| Alt. Phone No.: | | Email: | |
| Address: | | | |
| CERTIFICATION OF COMPLIANCE WITH APPLICABLE REGULATIONS | | | |
| <p>Each person signing the application certifies that he/she is aware of the criteria, regulations and guidelines applicable to the request.</p> <p>I (We) certify that I (we) understand and will comply with the provisions and regulations of the Department of Sustainable Development and the Code of Ordinances as they apply to this project. I (we) further certify that the above statements and drawings made on any paper or plans submitted here within are true to the best of my (our) knowledge. I (we) understand that the application and attachments become part of the official public records of the City and are not returnable. Furthermore, I (we) understand that, if this application is approved, this extended hours license will terminate on October 1st. I (we) fully understand that an Extended Hours License is a privilege, not a right, and is regulatory in nature, and is subject to revocation if any regulations governing said license are violated.</p> | | | |
| Signature of Business Owner: | | | Date: |
| Print Name: | | | |
| Signature of Consultant/Rep Owner: | | | Date: |
| Print Name: | | | |
| Signature of Property Owner: | | | Date: |
| Print Name: | | | |
| Signature of State Liquor License | | | Date: |
| Print Name: | | | |

NOTE: APPLICATION MUST BE SIGNED BY ALL APPLICABLE PARTIES



DEPARTMENT OF SUSTAINABLE DEVELOPMENT
4800 WEST COPANS ROAD
COCONUT CREEK, FLORIDA 33063

EXTENDED HOURS LICENSE CHECK LIST

An Extended Hours License (EHL) is a license that is granted as a privilege, is declared to be regulatory in nature, and may be subject to revocation at any time. Please find below requirements for your Extended Hours License application package.

APPLICATION REQUIREMENT CHECKLIST

- Completed and signed Extended Hours License Application
- Proof of Business License Tax payment
- One Thousand Dollar (\$1000) payment
- Provide a Justification Letter
- Clearly drawn and dimensioned floor plan of the facility depicting the service areas
- Copy of State of Florida license to sell liquor
- Copy of the menu and serving hours

