



EXTENDED OPERATING HOURS PERMIT APPLICATION

PURSUANT TO CODE OF ORDINANCES §82.01

Business Name _____

Business Address _____

Type of Retail Sales and Service Business

- Check One: Automotive Contractors Education Entertainment/Recreation/Fitness Financial Services
- Food/Beverage Services Gas Station/Convenience Store Professional Services Residential/Hotels and Motels
- Restaurant/Drive-thru Retail/Wholesale Services/Business and Personal Other _____

Current Hours of Operation of Business _____

Requested Hours of Operation of Business _____

Business Owner _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone No. _____ Email: _____

Contact Person and Title _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone No. _____ Email: _____

Property Owner _____

Property Owner's Address _____

City _____ State _____ Zip _____

Telephone No. _____ Email: _____

Please attach copies of:

- Certificate of Use City of Weston Local Business Tax Receipt

Indicate whether the following noise generating activities may occur at the site during the extended operating hours:

- Amplified music Chillers/AC units Delivery trucks of any kind External property maintenance of any kind
- External speakers of any kind Garbage collection/compactors Other _____

Describe other noise generating activities, which will or may occur on the site during the extended operating hours periods that are not identified above. Failure to identify such activities could result in violation of the Extended Operating Hours Permit.

Once issued, the permit shall be valid until September 30th of the fiscal year in which the permit is issued. Thereafter, the permit must be renewed annually. The original Extended Operating Hours Permit must be conspicuously displayed within 10 feet of the main entrance at all times.

The Applicant acknowledges that issuance of an Extended Operating Hours Permit does not exempt the Applicant from compliance with other applicable City of Weston Codes, federal, state, and local statutes, laws, ordinances, rules, or regulations. I certify that I have read the requirements and the information I have provided is accurate and true.

APPLICANT

Signature

Print Name

STATE OF _____
COUNTY OF _____

SWORN TO AND SUBSCRIBED Before me by means of ___ physical presence or ___ online notarization, this _____ day of _____, 202__ by _____ (Affiant), who is personally known to me or has produced _____ identification.

(Signature of Notary Public)
(Print, Type, or Stamp Commissioned Name of Notary Public)

PROPERTY OWNER

Signature

Print Name

STATE OF _____
COUNTY OF _____

SWORN TO AND SUBSCRIBED Before me by means of ___ physical presence or ___ online notarization, this _____ day of _____, 202__ by _____ (Affiant), who is personally known to me or has produced _____ identification.

(Signature of Notary Public)
(Print, Type, or Stamp Commissioned Name of Notary Public)

CODE ENFORCEMENT DEPARTMENT USE ONLY

Are there any pending code enforcement violations against the property and/or business? Yes No If yes, please indicate

BROWARD SHERIFF'S OFFICE USE ONLY

Has there been any law enforcement activity on the site during prior 12 months (briefly list incidents and dates of occurrences)

Calls for Service Print-out Attached

PLANNING AND ZONING DEPARTMENT USE ONLY

Comments:

APPROVED DAYS/HOURS OF EXTENDED OPERATION _____

CONDITIONS OF ISSUANCE OF PERMIT DURING EXTENDED OPERATING HOURS:

- No Garbage Pick-Up No Horn Blowing Doors must be closed when not being used Additional Security
 Other (specify) _____

EXTENDED OPERATING HOURS PERMIT APPROVED

Code Enforcement Department

Date Approved

Broward Sheriff's Office

Date Approved

Planning and Zoning Department

Date Approved

City Manager

Date Approved