



EXTENDED OPERATING HOURS WITH ALCOHOLIC BEVERAGE LICENSE APPLICATION

PURSUANT TO CODE OF ORDINANCES §83.04 AND §83.06

Name of Establishment _____

Establishment Address _____

Type of Business _____

Current Hours of Operation of Business _____

Requested Hours of Operation of Business _____

Establishment Owner _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone No. _____ Facsimile No. _____

Contact Person and Title _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone No. _____ Facsimile No. _____

Name of Property Owner (If different than Establishment Owner) _____

Property Owner's Address _____

City _____ State _____ Zip _____

Telephone No. _____ Facsimile No. _____

Please attach copies of all applicable documents:

- Certificate of Use City of Weston Local Business Tax Receipt State Beverage License
- Broward County 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 with Alcoholic Beverage License.

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

The Applicant acknowledges that issuance of an Extended Operating Hours with Alcoholic Beverage License does not exempt the Applicant/Licensee from compliance with other applicable City of Weston Codes, federal, state, local statutes, laws, ordinances, rules, or regulations and that such license shall permit and extend the hours in which such licensee may stay open and sell alcoholic beverages for consumption on premises until not later than 3:00 a.m. or such earlier time as specifically authorized by resolution of the City Commission.

I certify that I have read the requirements and the information I have provided is accurate and true.

Applicant Signature

Property Owner Signature

Print Name Date

Print Name Date

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)

BROWARD SHERIFF'S OFFICE USE ONLY

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

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

Deputy's Signature

Date

PLANNING AND ZONING DEPARTMENT USE ONLY

SITE PLAN APPROVAL

Date _____ Resolution No. _____

Amount of Parking Required _____ Amount of Parking Provided _____

Other Businesses on same site that operate between 1:00 a.m. and 7:00 a.m. and hours they are permitted to operate (include square footage) _____

APPROVED DAYS/HOURS OF EXTENDED OPERATION _____

CONDITIONS OF ISSUANCE OF LICENSE DURING EXTENDED OPERATING HOURS:

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

DEPARTMENT APPROVALS

Planning and Zoning Department

Date

Broward Sheriff's Office

Date

City Manager

Date Recommended for City Commission Action

CITY COMMISSION APPROVAL

Date _____ Resolution No. _____