



RECEIVED

AUG 3 / 2017

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

CITY OF COCONUT CREEK
SUSTAINABLE DEVELOPMENT

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: New Application (checkbox), Renewal of Application (checkbox checked)
CATEGORY TYPE: Restaurant/Bar (checkbox checked), Hotel/Bar (checkbox)

LOCATION INFORMATION: Address: 5550 NW 40 Street, Coconut Creek, Florida 33073
Current Zoning: PMDD, Folio No.: 484218030040
Name of Business: Nectar Lounge/Fresh Harvest/Sorissi/NYY Steak/The BOL, Square Footage: 22,920

OWNER INFORMATION: Name: Seminole Tribe of Florida, Phone No.: 954-977-6700
Alt. Phone No.: N/A, Email: casinococo.com
Address: 5550 NW 40 Street, Coconut Creek, FL 33073

CONSULTANT/REPRESENTATIVE INFORMATION: Name: Charles Stephen Bonner, Phone No.: 954-977-6700
Alt. Phone No.: N/A, Email: Steve.Bonner@stofgaming.com
Address: 5550 NW 40 Street, Coconut Creek, FL 33073

PROPERTY OWNER INFORMATION: Name: Seminole Tribe of Florida, Phone No.: 954-966-6300
Alt. Phone No.: N/A, Email: N/A
Address: 6300 Stirling Road, Hollywood, FL 33024

STATE LIQUOR LICENSE HOLDER NAME: Name: Seminole Tribe of Florida, Phone No.: 954-966-6300
Alt. Phone No.: N/A, Email: N/A
Address: 6300 Stirling Road, Hollywood, FL 33024

CERTIFICATION OF COMPLIANCE WITH APPLICABLE REGULATIONS

Each person signing the application certifies that he/she is aware of the criteria, regulations and guidelines applicable to the request.

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.

Signature of Business Owner: Charles Stephen Bonner, Date: 8-30-17
Signature of Consultant/Rep Owner: Charles Stephen Bonner, Date: 8-30-17
Signature of Property Owner: Charles Stephen Bonner, Date: 8-30-17
Signature of State Liquor License: Charles Stephen Bonner, Date: 8-30-17

NOTE: APPLICATION MUST BE SIGNED BY ALL APPLICABLE PARTIES

PHONE (954) 973-6756 www.coconutcreek.net FAX (954) 956-1424