



# 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 checked="" type="checkbox"/> Renewal of Application	<input checked="" type="checkbox"/> Restaurant/Bar	<input type="checkbox"/> Hotel/Bar
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	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			
<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 1<sup>st</sup>. 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:	8/29/16
Print Name:	Charles Stephen Bonner (on behalf of the Seminole Tribe of Florida)		
Signature of Consultant/Rep Owner:		Date:	8/29/16
Print Name:	Charles Stephen Bonner (on behalf of the Seminole Tribe of Florida)		
Signature of Property Owner:		Date:	8/29/16
Print Name:	Charles Stephen Bonner (on behalf of the Seminole Tribe of Florida)		
Signature of State Liquor License		Date:	8/29/16
Print Name:	Charles Stephen Bonner (on behalf of the Seminole Tribe of Florida)		

NOTE: APPLICATION MUST BE SIGNED BY ALL APPLICABLE PARTIES