

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

## **EXTENDED HOURS ALCOHOLIC BEVERAGE LICENSE**

This application must be completed <u>in full</u> 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

New Application   Renewal of Renewal of Application   Renewal of Renewal of Application   Renewal of Application   Renewal of Renewal of Renewal of Renewal of Application   Renewal of R	APPLICATION	TYPE		CATEGORY TYPE					
Address:   5550 NW 40 Street, Coconut Creek, Florida 33073									
Address: 5550 NW 40 Street, Coconut Creek, Florida 33073  Current Zoning: PMDD			ı ⊟ Hotel/Bar						
Current Zoning: PMDD   Folio No.:   484218030040   Name of Business:   Nectar Lounge/Fresh Harvest/Sorissi/NYY Steak   Square Footage:   22,920    OWNER INFORMATION   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   Ramil:   Steve.Bonner@stofgaming.com   Alt. Phone No.:   N/A   Email:   Steve.Bonner@stofgaming.com   Address:   5550 NW 40 Street, Coconut Creek, FL 33073   PROPERTY OWNER INFORMATION   Email:   Steve.Bonner@stofgaming.com   Address:   5550 NW 40 Street, Coconut Creek, FL 33073   PROPERTY OWNER INFORMATION   Phone No.:   954-966-6300   Alt. Phone No.:   N/A   Email:   N/A   Address:   6300 Stiring 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 Stiring 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 Stiring Road, Hollywood, FL 33024   SEACH person signing the application certifies that he/she is aware of the criteria, regulations and guidelines applicable to the request.   (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.   (we) further certify that the above statements and drawings made on any paper or player or the erwithin are true to the best of my (only 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 an Extended Hours License is a privilege, not a right, and is regulatory in nature, and, subject to revocation if any regulations governing said license are violated.   Date:   M/A///   M/A///   M/A///   M/A///									
Name of Business: Nectar Lounge/Fresh Harvest/Sorissi/NYY Steak Square Footage: 2,920  OWNER INFORMATION  Name: Seminole Tribe of Florida Phone No.: 954-977-6700  Alt. Phone No.: N/A Email: casinococc.com  Address: 5550 NW 40 Street, Cocconut 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, Cocconut 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) 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 (no behalf of the Seminole Tribe of Florida)  Signature of Consultant/Rep Owner: Market August	Address: 5550 NW 40 Street, Coconut Creek, Florida 33073								
OWNER INFORMATION  Name: Seminole Tribe of Florida					Folio No.:	484218030040	484218030040		
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. Furthernore, I (we) understand that the application and attachments become part of the Official public records of the City and are not returnable. Furthernore, I (we) understand that the application and attachments become part of the Official public records of the City and are not returnable. Furthernore, I (we) understand that the application and attachments become part of the Official public records of the City and are not returnable. Furthernore, I (we) understand that the application and attachments become part of the Official public records of the City and are not returnable. Furthernore, I (we) understand that the application and attachments become part of the	Treetan Bearigen		esh Harvest/Sorissi/NYY Steak		Square Footag	<b>je:</b> 22,920			
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Name: Seminole Tribe of Florida Phone No.: 954-966-6300  Alt. Phone No.: 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  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: Chaltes Stephen Bonner (on behalf of the Seminole Tribe of Florida)  Signature of Consultant/Rep Owner: Date: 8/24//6	Address:								
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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 1 st. 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: Date: 1/24//6  Print Name: Chartes Stephen Bonner (on behalf of the Seminole Tribe of Florida)  Signature of Consultant/Rep Owner:	Alt. Phone No.:	N/A			Email:	N/A			
Name: Seminole Tribe of Florida Phone No.: 954-966-6300  Alt. Phone No.: 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 (on behalf of the Seminole Tribe of Florida)  Signature of Consultant/Rep Owner:  Date: \$\frac{1}{2}\frac{1}{4}	Address:								
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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.  Signature of Business Owner:  Charles Stephen Bonner (on behalf of the Seminole Tribe of Florida)  Signature of Consultant/Rep Owner:  Date:  8/29/6	CERTIFICATIO	N OF COMPLIAN	CE WITH APPL	ICABLE F	REGULATION	<b>S</b>			
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Signature of Consultant/Rep Owner: (And James 15 Date: 8/29/16	Print Name:				le Tribe of Florida)	1/ /6			
Print Name: Charles Stephen Bonner (on behalf of the Seminole Tribe of Florida)	Signature of Consultant/Rep Owner:		(AN An Iban				29/16		
	Print Name:								
Signature of Property Owner: \( \lambda \lambda \rangle \frac{1}{2} \rangle \lambda \lambda \frac{1}{2} \rangle \lambda \lambda \frac{1}{2} \rangle \lambda \lambda \frac{1}{2} \rangle \frace	Signature of Property Owner:		Com from 12				9/16		
Print Name: Charles Stephen Bonner (on behalf of the Seminole Tribe of Florida)	Print Name:		0/21/				1//		
Signature of State Liquor License M/ Jan Date: 8/29//	Signature of State Liquor License		(M) to van						
Print Name: Charles Stephen Bonner (on behalf of the Seminole Tribe of Florida)	Print Name:						// /*		

NOTE: APPLICATION MUST BE SIGNED BY ALL APPLICABLE PARTIES

PHONE	(054)	973 6	756
FILLINE	13041	3/3-0	0/00