



# OPEN PAST MIDNIGHT PERMIT APPLICATION

(2:00 A.M. ALCOHOLIC BEVERAGE LICENSE APPLICATION)

\_\_\_\_\_ New Application: Attach copy of application for State Beverage License, City Business Tax Receipt, and Employee Certifications of a State-Accepted Personal Alcoholic Beverage Seller's Education, Training and Certification Class/Course and/or Program.

\_\_\_\_\_ Renewal Application: Attach copy of State Beverage License and Employee Certifications of a State-Accepted Personal Alcoholic Beverage Seller's Education, Training and Certification Class/Course and/or Program.

**Application Fee:** \_\_\_\_\_ \$2,000.00 - Vendors Licensed for Off-Premises Consumption Only

\_\_\_\_\_ \$\_\_\_\_\_ - On Premises Consumption (fee varies – **see schedule on page 3**)

Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Manager: \_\_\_\_\_ State Beverage License No.: \_\_\_\_\_

**Please check applicable Section:** Fill in Section A if the business is owned by an individual. Fill in Section B if the business is owned by a partnership or corporation. All signatures must be notarized.

Section A: Individually Owned Business

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*I hereby swear or affirm that there has been no change in ownership, type of beverage license, name or location within the past year, except as indicated herein, and that the statements in this application are true and correct with the understanding that any false or misleading answers will be taken as to automatically cause the revocation of this permit.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA- COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_

Individually, or  as \_\_\_\_\_ for \_\_\_\_\_

Personally known, or  produced the following type of identification: \_\_\_\_\_



Seal Above

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

**Section B:** Businesses owned by a partnership or corporation. Notarized signatures of all officers or all owners of 5% or more of outstanding stock are required.

1) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
% of stock owned: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*I hereby swear or affirm that there has been no change in ownership, type of beverage license, name or location within the past year, except as indicated herein, and that the statements in this application are true and correct with the understanding that any false or misleading answers will be taken as to automatically cause the revocation of this permit.*

\_\_\_\_\_  
Signature Date

**STATE OF FLORIDA- COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_

Individually, or  as \_\_\_\_\_ for \_\_\_\_\_

Personally known, or  produced the following type of identification: \_\_\_\_\_



Seal Above

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

2) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
% of stock owned: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*I hereby swear or affirm that there has been no change in ownership, type of beverage license, name or location within the past year, except as indicated herein, and that the statements in this application are true and correct with the understanding that any false or misleading answers will be taken as to automatically cause the revocation of this permit.*

\_\_\_\_\_  
Signature Date

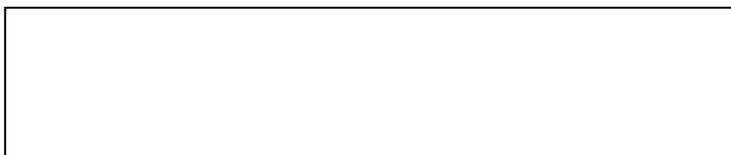
**STATE OF FLORIDA- COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_

Individually, or  as \_\_\_\_\_ for \_\_\_\_\_

Personally known, or  produced the following type of identification: \_\_\_\_\_



Seal Above

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

## Fee Schedule

Per Ordinance O-2013-017, effective October 1, 2013, the following fees apply to open past midnight permits:

**Vendors licensed for off-premises consumption only**      \$2,000.00

### **On Premises Consumption (Lodges, Civic and other Special Club Licenses for Beer, Wine, and Liquor Sales)**

A regulatory fee is required based on building capacity:

1. Capacity of 1 to 15 persons      \$400.00
2. Capacity of 16 to 50 persons      \$600.00
3. Capacity of 51 to 150 persons      \$800.00
4. Over 150 persons      \$1,000.00

### **On Premises Consumption (Beer and/or Wine Sales)**

A regulatory fee is required based on building capacity:

1. Capacity of 1 to 15 persons      \$550.00
2. Capacity of 16 to 50 persons      \$750.00
3. Capacity of 51 to 150 persons      \$950.00
4. Over 150 persons      \$1,150.00

### **On Premises Consumption (Beer, Wine and Liquor Sales)**

A regulatory fee is required based on building capacity:

1. Capacity of 1 to 15 persons      \$1,050.00
2. Capacity of 16 to 50 persons      \$1,250.00
3. Capacity of 51 to 150 persons      \$1,450.00
4. Over 150 persons      \$1,650.00

When an establishment has both an on premises and off premises consumption of alcoholic beverages license from the State for retail sales, the only open past midnight permit fee for on premises consumption will be charged.