



Community Development Department – Planning Division  
10770 West Oakland Park Boulevard, Sunrise, FL 33351  
P: 954.746.3270 F: 954.746.3287  
AskZoning@sunrisefl.gov

## **INSTRUCTIONS FOR FILING AN EXTENDED HOURS LICENSE APPLICATION**

### **Pre-Application Meeting:**

Applicants are required to meet with Staff in order to avoid filing an incomplete application. Please contact the City of Sunrise Community Development Department at (954) 746-3286 to schedule an appointment.

### **Application Submittal:**

When you are ready to submit your completed application together with any and all other related material, contact the City of Sunrise Community Development Department to set up an appointment.

All application fees as well as all cost associated with processing this application, including but not limited to the cost of a criminal background check and postage and handling of the notification letters must be paid at the time of submittal. (Please see the City of Sunrise Community Development Department Fee Schedule).

### **Items required for submittal:**

1. Application for Extended Hours form (1 original and 4 copies) duly executed by the owner.
2. Five (5) copies of the approved site plan for the building (if a freestanding building) or for the plaza (with the bay identified) in which the establishment is located. If the site has not received site plan approval, then five (5) copies of a survey may be submitted as may be discussed in the pre-application meeting.
3. Five (5) sets of photographs of each compass direction of the establishment/site.
4. Five (5) copies of a detailed floor plan. The floor plan must include perimeter dimensions. Additionally, it must label each distinct area (i.e., kitchen, customer service area-restaurant, customer service area-bar, restrooms, offices, etc.) and show the square footage of each area. If an outdoor area is used for food and/or alcoholic beverage service that must be shown on the floor plan as well. Show dimensions of the outdoor area on the floor plan and include its square footage.
5. Five (5) copies of State of Florida liquor license.
6. It is required that all property owners within a 500 foot radius of the parent parcel of the property that is the subject of the application receive timely notification of said hearing. Therefore, the following is required of the applicant and must be provided with applicable fees:
  - a. A certified list of the names and addresses of all property owners located within a 500 foot radius of the exterior boundary of the subject property's parent parcel.

- b. If the subject property constitutes only a portion of a contiguous ownership parcel, the exterior boundary from which the 500 foot radius is to be projected will be the exterior boundary of the entire contiguous ownership parcel. All unit owners in a condominium building(s) that fall within the radius must be modified.
- c. In the event a multi-family residential condominium structure is located within the 500 foot radius, the applicant may notice the condominium association instead of each individual unit owner.
- d. One (1) typewritten set of self-adhesive labels with the above names and addresses printed thereon and one (1) copy of the list. These labels will be used by the City to mail notification to the public of your hearing.
- e. The certified list may be obtained in one of the following two ways:
  - 1) The applicant may contract with any company including those listed below who will prepare the mailing list for a fee charged to the applicant. The City of Sunrise neither recommends nor endorses any of these companies, but is merely providing the names and phone numbers of those that are presently available to the City's knowledge. Fees may vary among these companies:

All Data Real State Systems	(954) 772-1800
Florida Teal Estate Decisions	(954) 761-9003
Cutro & Associates	(954) 920-2205
NotificationMaps.com	(866) 752-6266

- 2) The applicant may go to the Department of Public Information of the Broward County Property Appraiser, 115 South Andrews Avenue, Room 111, Fort Lauderdale, with a phone number of (954) 357-5503. With the provision of a folio ID number, their staff will assist you in the determination of the radius and furnish you with the copies of the current tax roll. However, their staff will not certify the accuracy or completeness of the list. Therefore, the accuracy of the list provided to the City for mailing is the burden of the owner/agent and must be supplemented with the attached affidavit entitled Certification of Property List Affidavit.
- 8. Credit card (Visa, MasterCard, American Express or Discover) or check or money order payable to the City of Sunrise for review fees, public notice and background checks (see fee schedule). A separate background check fee is required for each person submitting Affidavits 7 and 8.
  - 9. Applicant must attend the Public Hearing before the City Commission when request for Extended Hours License is considered.
  - 10. Failure to comply with the aforementioned requirements will result in a delay in consideration or deferral of the application.
  - 11. All plans submitted with applications must be folded to legal size dimensions for transmittal to members of the Development Review Committee as well as to the City Commission.

If the above are not included, the item will be tabled or withheld from the agenda.



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**APPLICATION FOR EXTENDED HOURS LICENSE**

**New License**

**Reinstatement of a License**

**Transfer of License**

(Answer Questions #1, #2, & #6 only)

1. Name of Business: \_\_\_\_\_  
Business Location (Address) for Licensing: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Relationship of Applicant to Business: \_\_\_\_\_  
Title of Applicant: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Contact Person: _____
Company Name: _____
Address: _____
Telephone No.: _____ Cell No.: _____ Fax No.: _____
Email Address: _____
<b>(IF AGENT, COMPLETE THIS SECTION &amp; PROVIDE LETTER OF AUTHORIZATION)</b>

2. Name of Property Owner \_\_\_\_\_  
Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Email Address \_\_\_\_\_

3. Folio Number (with copy from BCPA.net or recent tax bill): \_\_\_\_\_
4. Current Zoning: \_\_\_\_\_
5. Is there an option to purchase or lease subject property or property contiguous thereto, predicated on the approval of this application? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who are the parties.  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Anyone with an ownership or proprietary interest in the business applying for the Extended Hours License is subject to a criminal background check to be conducted by the City at the applicant's expense, and must complete Affidavits 7 and/or 8 (included in this application packet), as applicable, for each business owner, managers and any other persons with a proprietary interest in the establishment. List the names, addresses and phone numbers of business owners, managers and any other persons with a proprietary interest in the establishment. (Attach separate sheet if necessary.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. This application is for Extended Hours License for a bar \_\_\_\_\_, restaurant \_\_\_\_\_, or a nightclub \_\_\_\_\_. (Please check all that apply.)
8. How long has the establishment been in operation at this location? \_\_\_\_\_
9. What are the current hours of operation (hours and days of the week)?  
 \_\_\_\_\_  
 \_\_\_\_\_
10. What are the proposed hours of operation (hours and days of the week)?  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Has this establishment operated in another location or under a different name? Yes \_\_\_\_ No \_\_\_\_  
 If yes, state where and the years that it operated. \_\_\_\_\_
12. What type of Florida State Liquor License does the establishment have? \_\_\_\_\_ Please attach a copy.  
 What is the total area of the establishment? \_\_\_\_\_ sq.ft.  
 Total inside customer service area? \_\_\_\_\_ sq.ft. Total outdoor seating area? \_\_\_\_\_ sq.ft.  
 Area dedicated to food service and dining area, exclusive of any bar area? \_\_\_\_\_ sq.ft.
13. What percentage of gross sales is derived from the sale of food? \_\_\_\_\_%

14. What is the kitchen capacity (number of full course meals which can be prepared at any given time)? \_\_\_\_\_

15. Between what hours does your establishment prepare and serve full course meals?

\_\_\_\_\_  
Please provide a copy of each food menu used by your establishment.

16. Is the establishment in full compliance with all local, state and federal law with regard to food stage, preparation and service? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please provide a copy of your State of Florida Food Service License.)

17. Does the establishment charge a cover charge, door charge or a membership fee? Yes \_\_\_\_\_ No \_\_\_\_\_

18. Does the establishment set a minimum drink requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

19. Does the establishment have a dance floor or other open area used by patron for dancing or for viewing live entertainment? This would include moving dining tables in order to accommodate dancing or live entertainment. Yes \_\_\_\_\_ No \_\_\_\_\_

20. Does the establishment feature a platform or musical staging area? Yes \_\_\_\_\_ No \_\_\_\_\_

21. Does the establishment advertise specific entertainment events or engagements? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give examples of the types of entertainment events advertised.

\_\_\_\_\_  
\_\_\_\_\_

22. What security measures are currently employed or proposed to ensure the safety and welfare of patrons (i.e., police detail, security guards, security cameras, etc)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Provide separate page if necessary.)

23. Participation in the State of Florida Responsible Vendor training per Section 561.701-706, Florida Statutes is required. Please execute the affidavit within this packet attesting to the fact that your establishment is enrolled in the program. Additionally, provide records of all employee training which satisfies the State of Florida Responsible Vendor Act.  
If your business is not yet training please submit the number of anticipated employees and a schedule showing how you intend to comply with the program.

24. Participation in the City of Sunrise No Trespassing program is required. Contact Officer Michelle Eddy at the Sunrise Police Department at (954)746-3383 for more information.  
Is this business participating? Yes \_\_\_\_\_ No \_\_\_\_\_

25. Is the owner of the property participating? Yes \_\_\_\_\_ No \_\_\_\_\_

26. The establishment must post a sign at a minimum size of 36" by 36" visible from all areas in which alcoholic beverages are served or consumed that notifies patrons that the establishment offers free taxicab service or free towing to intoxicated patrons. To document having the sign, please provide a photograph of the sign and include a tape measure or other measuring device next to the sign.
27. Provide a photograph(s) of signage at all entrances indicating the maximum capacity.
28. Complete affidavit 9 (attached) regarding conducting a "last call."
29. What is the maximum capacity of your establishment as determined by the City of Sunrise Fire Department or Building Division? \_\_\_\_\_ persons
30. Please include a copy of your current Certificate of Occupancy, if one has been issued to your establishment.

**For Office Use Only**

Staff Reviewer \_\_\_\_\_

- Pre Application meeting
- Completed/executed application form (original) and four (4) copies
- Five (5) copies of approved site plan (identifying bay in multi-tenant) and/or survey (folded)
  - Five (5) copies of detailed floor plan
- Five (5) sets of photographs: Photos of exterior
  - Photo of free taxicab/towing sign with scale
  - Photo(s) of max. cap. signage at all entrances.
- Certificate of Occupancy
- Copy from BCPA.net or Recent tax bill
- Five (5) copies of State of Florida Liquor license
- Five (5) copies of State of Florida Food Service License
- Five (5) copies of each food menu used
- One (1) set of State of Florida Responsible Vendor records of all employee training
- One (1) copy of affidavits:
  - #6 - FL Responsible Vendor Program
  - #7 - Background Check—Ownership interest (\_\_\_\_\_ total persons)
  - #8 - Background Check—Management interest (\_\_\_\_\_ total persons)
  - #9 - Conduct "Last Call"
- Check payable to City of Sunrise for filing fee \$\_\_\_\_\_ Technology Fee \$ \_\_\_\_\_
  - Advertisement/postage \_\_\_\_\_ Criminal Background check(s) # \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_
- Certified list (names and addresses) of property owners or list of property owners prepared by Broward County Property Appraiser together with signed Certification of Property List affidavit.
- One (1) set of labels

**OWNER'S SWORN-TO CONSENT**

**PERMITTING TENANT TO FILE FOR AN EXTENDED HOURS LICENSE**

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the owner of the Property described herein and which this the subject matter of the proposed application for an extended hours license, do hereby authorize \_\_\_\_\_ to file this application for an Extended Hours License.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

State of Florida  
County of Broward

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_ day of \_\_\_\_\_, 202\_\_\_, by \_\_\_\_\_ (name of person) as \_\_\_\_\_ (type of authority . . . e.g., officer, trustee, attorney in fact) for \_\_\_\_\_ (name of corporation/LLC).

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

\_\_\_\_\_  
Print, type or stamp commissioned name of Notary Public

Personally Known \_\_\_ OR Produced Identification \_\_\_

Type of Identification Produced \_\_\_\_\_

**DISCLOSURE OF OWNERSHIP**

Please list the owners of the subject Establishment which is the subject of this application for an extended hours license and the percentage owned by each owner. Each party having a financial interest, either direct or indirect in the subject property relating to the matter to be presented to the City Commission for which the application is made, must be listed below with address and proportionate interest. Please list the name, address and proportionate interest of: (a) all shareholders of any closely-held corporation; (b) all beneficiaries of any trusts; (c) all partners of any partnership whether limited or general; (d) the sole proprietorship; (e) any investment group involving local participation.

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**ADDENDUM TO LICENSE  
APPLICATION FORM**

In accordance with various Sunrise City Code Sections (including subsection 3-11(a)(2) for extended hours licenses and 7-304(b) for pain medication licenses), a criminal background check of required persons including all owners, managers, operators or any other party with a proprietary interest in the establishment as required by the applicable process, shall be conducted in order to provide assurances that such persons have not been previously convicted of criminal offenses, and shall sign all paperwork necessary to enable the City to perform said background check.

**Business Name of License Applicant:** \_\_\_\_\_

**Name of Owner, Manager, Operator or Person with proprietary interest (as described above):**

\_\_\_\_\_

Last	First	Middle
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Person's Home Address: \_\_\_\_\_

Home Address City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Social Security Number \*:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Permission is granted to the City of Sunrise to investigate and verify criminal history and any information provided on this and successive documents completed in compliance with the application process of the applicable license. In return for consideration of the application, I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ (year).

\_\_\_\_\_  
Signature of Applicant

State of Florida  
County of Broward

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 202\_\_, by \_\_\_\_\_ (name of person) as \_\_\_\_\_ (type of authority . . . e.g., officer, trustee, attorney in fact) for \_\_\_\_\_ (name of corporation/LLC).

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

\_\_\_\_\_  
Print, type or stamp commissioned name of Notary Public

Personally Known \_\_\_ OR Produced Identification \_\_\_  
Type of Identification Produced \_\_\_\_\_

\* Consistent with Florida Statutes pertaining to public records, please note that your social security number and driver's license number will be protected from disclosure to the fullest extent of the law. **Social Security Number Collection Disclosure Statement:** Please be advised that pursuant to Section 119.071(5)(a)2.a., Florida Statutes, the City of Sunrise ("City") discloses that the City requests the Social Security Number (SSN) of persons associated with pain medication licenses pursuant to 7-304(b) and persons associated with extended hours applications pursuant to City Code Section 3-11(a)(2). In compliance with state and federal law, this statement serves to notify you of the purpose for the collection, release and usage of your Social Security Number (SSN). Pursuant to Florida Statute 119.971(5)(a)2.a., the City requests and uses your SSN only for the following purpose: to conduct a criminal background check in connection with your application for an extended hours license / pain medication license in performance of the City's duties and responsibilities pursuant to section 3-11(a)(2) / section 7-304(b) of the City Code or Ordinances, which is imperative to the performance of the City's duties and responsibilities as prescribed by law. Disclosure of your SSN is voluntary and is authorized by Florida Statute 119.071(5)(a)(6)b. and c. In order to protect your identity, the City will secure your SSN from unauthorized access and strictly prohibit the release of your SSN to unauthorized parties contrary to state and federal law. By signing this application, I hereby acknowledge receipt of this Statement and authorize the disclosure and use of my SSN for the limited purposes stated above.

**AFFIDAVIT OF OWNER, MANAGER, OR AGENT  
Participation in the State of Florida Responsible Vendor Program**

I, \_\_\_\_\_(as the owner or the authorized agent), for the Establishment known as \_\_\_\_\_, specifically located at \_\_\_\_\_, and recorded in the Broward County Public Records in Plat Book \_\_\_\_\_, Page \_\_\_\_\_ being first duly sworn, depose and say that I am the owner, manager, or agent of the Establishment described in the above application for an extended hours license. Furthermore, I attest that my establishment currently participates in the State of Florida Responsible Vendor Program.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

State of Florida  
County of Broward

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_ day of \_\_\_\_\_, 202\_\_, by \_\_\_\_\_ (name of person) as \_\_\_\_\_ (type of authority . . . e.g., officer, trustee, attorney in fact) for \_\_\_\_\_ (name of corporation/LLC).

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

\_\_\_\_\_  
Print, type or stamp commissioned name of Notary Public

Personally Known \_\_\_ OR Produced Identification \_\_\_

Type of Identification Produced \_\_\_\_\_

**CERTIFICATION OF PROPERTY LIST AFFIDAVIT**

I, \_\_\_\_\_ (as the owner or the authorized agent), for the property known as \_\_\_\_\_, specifically located at \_\_\_\_\_, and if recorded in the \_\_\_\_\_ County Public Records than located in Plat Book \_\_\_\_\_, Page \_\_\_\_\_ being first duly sworn, depose and say that I am the owner or agent of the Property described in the above application for public hearing; that I have submitted or have caused to be submitted a Property Owner List located within a 500 foot radius of the subject property and that to the best of my knowledge and belief said list is true and accurate.

The list of the names and addresses of all property owners located within the aforementioned radius of the exterior boundary of the subject property is to be made a part of this application. If the subject property constitutes only a portion of a contiguous ownership parcel, the exterior boundary from which the appropriate radius is to be projected will be the exterior boundary of the entire contiguous ownership parcel. All unit owners in a condominium building that partially falls within the applicable radius must be notified.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

State of Florida  
County of Broward

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_ day of \_\_\_\_\_, 202\_\_, by \_\_\_\_\_ (name of person) as \_\_\_\_\_ (type of authority . . . e.g., officer, trustee, attorney in fact) for \_\_\_\_\_ (name of corporation/LLC).

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

\_\_\_\_\_  
Print, type or stamp commissioned name of Notary Public

Personally Known \_\_\_ OR Produced Identification \_\_\_

Type of Identification Produced \_\_\_\_\_

**AFFIDAVIT OF OWNERSHIP INTEREST**  
**Background Check**

I, \_\_\_\_\_ being first duly sworn, depose and say that I possess an ownership or partnership interest in the Establishment described in the above application for an extended hours license. My interest in the ownership or partnership is described as follows (percentage of ownership, percentage and type of partnership interest):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY AUTHORIZE THE CITY OF SUNRISE TO REQUEST ANY CRIMINAL BACKGROUND HISTORY INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY. BE IT FURTHER UNDERSTOOD THAT THE PURPOSE OF OBTAINING THIS INFORMATION IS TO SATISFY THE REQUIREMENTS SET FORTH IN SECTION 3-11 OF THE CODE OF ORDINANCES OF THE CITY OF SUNRISE.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

State of Florida

County of Broward

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_ day of \_\_\_\_\_, 202\_\_, by \_\_\_\_\_ (name of person) as \_\_\_\_\_ (type of authority . . . e.g., officer, trustee, attorney in fact) for \_\_\_\_\_ (name of corporation/LLC).

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

\_\_\_\_\_  
Print, type or stamp commissioned name of Notary Public

Personally Known \_\_\_ OR Produced Identification \_\_\_

Type of Identification Produced \_\_\_\_\_

**AFFIDAVIT OF MANAGEMENT INTEREST**  
**Background Check**

I, \_\_\_\_\_ being first duly sworn, depose and say that I am a manager, bartender, doorman, bouncer, or other supervisor (circle one of the above)

of the Establishment described in the above application for an extended hours license. My job description is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY AUTHORIZE THE CITY OF SUNRISE TO REQUEST ANY CRIMINAL BACKGROUND HISTORY INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY. BE IT FURTHER UNDERSTOOD THAT THE PURPOSE OF OBTAINING THIS INFORMATION IS TO SATISFY THE REQUIREMENTS SET FORTH IN SECTION 3-11 OF THE CODE OF ORDINANCES OF THE CITY OF SUNRISE.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

State of Florida

County of Broward

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_ day of \_\_\_\_\_, 202\_\_\_, by \_\_\_\_\_ (name of person) as \_\_\_\_\_ (type of authority . . . e.g., officer, trustee, attorney in fact) for \_\_\_\_\_ (name of corporation/LLC).

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

\_\_\_\_\_  
Print, type or stamp commissioned name of Notary Public

Personally Known \_\_\_ OR Produced Identification \_\_\_

Type of Identification Produced \_\_\_\_\_

**AFFIDAVIT OF OWNER OR MANAGER**  
**Acknowledgement to conduct "last call"**

I, \_\_\_\_\_ (as the owner or manager), for the Establishment known as \_\_\_\_\_, specifically located at \_\_\_\_\_, and recorded in the Broward County Public Records in Plat Book \_\_\_\_\_, Page \_\_\_\_\_ being first duly sworn, depose and say that I am the owner or manager of the Establishment described in the above application for an extended hours license. Furthermore, I attest that my establishment will conduct a "last call" for service of alcoholic beverages and cease sale and service of alcoholic beverages no later than 2:45 a.m. the following morning Sunday through Thursday and no later than 3:45 a.m. on the following morning Friday and Saturday.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

State of Florida

County of Broward

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_ day of \_\_\_\_\_, 202\_\_\_, by \_\_\_\_\_ (name of person) as \_\_\_\_\_ (type of authority . . . e.g., officer, trustee, attorney in fact) for \_\_\_\_\_ (name of corporation/LLC).

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

\_\_\_\_\_  
Print, type or stamp commissioned name of Notary Public

Personally Known \_\_\_ OR Produced Identification \_\_\_

Type of Identification Produced \_\_\_\_\_