

ABP #: 2024-02



CITY OF MADEIRA BEACH
PLANNING & ZONING DEPARTMENT
300 MUNICIPAL DRIVE + MADEIRA BEACH, FLORIDA 33708
(727) 391-9951 EXT. 255
planning@madeirabeachfl.gov



ALCOHOLIC BEVERAGE PERMIT APPLICATION

Applicant: Name and Address

Dockside Daves Restaurant
14701 GULF BLVD
MADEIRA BEACH, FL 33708

Property Owner: Name and Address

Dockside Daves Real Estate, LLC
14701 GULF BLVD
MADEIRA BEACH, FL 33708

Telephone: 727 580 0652

Email: WFC04christie@gmail.com

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Email: WFC04christie@gmail.com

Type of Ownership: [ ] Individual [ ] Partnership [ ] Corporation [X] LLC

Name of Business: Dockside Daves Business Phone: 727 392 9399

Parcel Identification: 09-31-15-87048-000-0070

Legal Description: [crossed out] Reference Property
CARD

Number of Seats: Inside: 30 74 Outside: 30 46

Number of Employees: 20

Zoning District: C-3

Future Land Use: Restaurant EOTC

Classification:

- [ ] Package store, beer & wine [ ] Retail Store, beer, wine
[ ] Package store, beer, wine, liquor [X] Restaurants
[ ] Bar [ ] Club [ ] Charter Boats

Number of Parking Spaces: 40 HHC Parking Spaces: 2 H Bike Racks: 3

37 regular
4 motorcycle

Hours of Operation:

Monday: 11AM - 10PM  
Tuesday: "  
Wednesday: "  
Thursday: "  
Friday: "  
Saturday: "  
Sunday: "

General Description of Business: Full Service Restaurant  
Increase from 2cop to 4cop SFS for Alcohol

Supporting Materials Required:

- Property Owner's Written Approval
- Property Survey
- Site Plan

Package Store Requisition: On a separate attached page, please answer the following questions:

1. The extent to which the location and the extent to which the proposed alcoholic beverage request will adversely affect the character of the existing neighborhood. Increased IT WON'T
2. The extent to which traffic generated as a result of the location of the proposed alcoholic beverage request will create congestion or present a safety hazard. IT WON'T
3. Whether or not the proposed use is compatible with the particular location for which it is proposed. IT IS COMPATIBLE
4. Whether or not the proposed use will adversely affect the public safety. IT WON'T
5. No application for review under this section shall be considered until the applicant has paid in full any outstanding charges, fees, interest, fines or penalties owned by the applicant to the City under any section of the code. Agreed

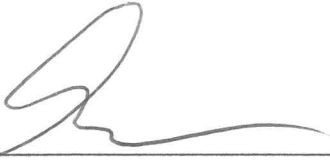
- ① THE EXTENT TO WHICH THE LOCATION AND THE EXTENT TO WHICH THE PROPOSED ALCOHOLIC BEVERAGE REQUEST WILL ADVERSELY AFFECT THE CHARACTER OF THE EXISTING NEIGHBORHOOD IS THAT IT WILL NOT AFFECT THE EXISTING NEIGHBORHOOD. THE RESTAURANT AND BAR NEXT TO US, THE REEF, ALREADY HAS LIQUOR. NOTHING FOR US WILL BE CHANGING, JUST ADDING LIQUOR TO OUR EXISTING BEER SELECTION.
- ② THE ADDITION OF LIQUOR SHOULD NOT CREATE TRAFFIC CONGESTION. OUR BUSINESS HAS BEEN THERE FOR WELL OVER A DECADE. WE ALREADY HAVE OUR EXISTING CLIENTELE. OUR PARKING LOT ALSO HAS AN EXIT OFF OF FIRST ST. E AS WELL AS 147TH AVE E, KEEP CARS FREE AND CLEAR OF CONGESTING GULF BLVD.
- ③ THE PROPOSED USE IS COMPATIBLE WITH THE PARTICULAR LOCATION.
- ④ THE PROPOSED WILL NOT ADVERSELY AFFECT THE PUBLIC SAFETY. OUR NEIGHBORS HAVE LIQUOR AND WE BOTH HAVE LONG TENURE AND NO ISSUES.
- ⑤ AGREED.

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**Affidavit of Applicant:**

I understand that this Alcoholic Beverage Permit Application, with its attachments, becomes a permanent record for the City of Madeira Beach and hereby certify that all statements made herein together with any attachments, are true to the best of my knowledge.

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Signature of Applicant:  Date: 11/30/23

**\*\*For City of Madeira Beach Use Only\*\***

Fee: \$800.00     Check # \_\_\_\_\_     Cash     Receipt # \_\_\_\_\_

Date Received: 11/30/23    Received by: Community Development

ABP# Assigned: 2024-02

BOC Hearing Date: \_\_\_\_\_     Approved     Denied

\_\_\_\_\_  
Community Development Director    Date: \_\_\_\_\_

\_\_\_\_\_  
City Manager    Date: \_\_\_\_\_

DISCLAIMER: According to Florida Statutes, Chapter 119, it is the policy of this state that all state, county, and municipal records are open for personal inspection and copying by any person. Providing access to public records is a duty of each agency. All documents and information not specified in F.S. 119.071 and 119.0713 are subject to public record requests.

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**CERTIFICATION**

I hereby authorize permission for the Planning Commission, Board of Commissioners, Building Official, and Community Development Director to enter upon the above referenced premises for purposes of inspection related to this petition.

I hereby certify that I have read and understand the contents of this application, and that this application, together with all supplemental data and information, is a true representation of the fact concerning this request; that this application is made with my approval, as owner and applicant, as evidenced by my signature below.

It is hereby acknowledged that the filing fee of this application does not constitute automatic approval of the request; and further, if the request is approved, I will obtain all the necessary permits and comply with all applicable orders, codes, conditions, rules, and regulations pertaining to the subject property.

*I have received a copy of the Redevelopment Plan Requirements and Procedures (attached), read and understand the reasons necessary for granting a Redevelopment Plan and the procedure, which will take place at the Public Hearing.*

**Appeals.** (City Code, Sec. 2-109). An aggrieved party, including the local governing authority, may appeal a final administrative order of the Board of Commissioners to the circuit court. Such an appeal shall not be a hearing de novo, but shall be limited to appellate review of the record created before the Board of Commissioners. An appeal shall be filed within 30 days of the execution of the order to be appealed.

Applicant's Signature:

Date:

11/30/23

STATE OF Florida

COUNTY OF Pinellas

Before me, this 30<sup>th</sup> day of November, 2023, appeared in person

William Christie

(name of applicant)

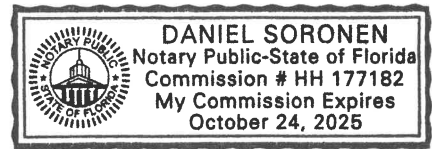
who, being sworn, deposes and says that the forgoing

is true and correct certification and who is  personally know to me or has produced \_\_\_\_\_ as identification.

(notary signature)

Commission Expires:

Stamp



**NOTICE:** Persons are advised that, if they decide to appeal any decision made at this hearing, they will need a record of the proceedings, and for such purpose, they may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based