



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 Dave's Restaurant
14701-14703 Gulf Blvd
Madiera Beach, FL 33708

Property Owner: Name and Address

Dockside Dave's Real Estate, LLC
14701- 14703 Gulf Blvd
Madiera Beach, FL 33708

Telephone: 727-717-3226
Email: docksidemadbeach@gmail.com

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Email: docksidemadbeach@gmail.com

Type of Ownership: Individual Partnership Corporation LLC

Name of Business: Dockside Dave's Restaurant Business Phone: 727-717-3226

Parcel Identification: 09-31-15-87048-000-0070 & 09-31-15-00000-410-0100

Legal Description: _____

Number of Seats: Inside: 40 Outside: 80

Number of Employees: 30

Zoning District: C3- Retail- Commercial

Future Land Use: Residential- Office- Retail

Classification:

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

Number of Parking Spaces: _____ HC Parking Spaces: _____ Bike Racks: _____

Hours of Operation:

Monday: 11-11
Tuesday: 11-11
Wednesday: 11-11
Thursday: 11-11
Friday: 11-11
Saturday: 11-11
Sunday: 11-11

General Description of Business: Full Service Restaurant

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.
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.
3. Whether or not the proposed use is compatible with the particular location for which it is proposed.
4. Whether or not the proposed use will adversely affect the public safety.
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.

ABP #: _____

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.

Signature of Applicant: _____ Date: _____

ABP #: _____

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

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

Date Received: _____ Received by: _____

ABP# Assigned: _____

BOC Hearing Date: _____ Approved Denied

Community Development Director

Date: _____

City Manager

Date: _____

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: _____

STATE OF _____

COUNTY OF _____

Before me, this _____ day of _____, 20____, appeared in person

who, being sworn, deposes and says that the forgoing

_____ ***(name of applicant)***

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

Commission Expires: _____

_____ ***(notary signature)***

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

ABP #: _____