



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

Telephone: 727-717-3226

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

☐ Retail Store, beer, wine

☐ Package store, beer, wine, liquor

☒ Restaurants

☐ Bar

☐ Club

☐ Charter Boats

Number of Parking Spaces: 37 HC Parking Spaces: 2 Bike Racks: 2

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 WITH LIVE ENTERTAINMENT. ADDED

SPACE FOR OVERFLOW AT THE RESTAURANT. CATERING MORE TOWARDS LUNCH AND DINNER CROWDS. CAN BE USED AS
 Supporting Materials Required: A WAITING AREA WHILE THEY WAIT FOR A TABLE TO

☐ Property Owner's Written Approval

☐ Property Survey

"OPEN UP"

☐ 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.

- 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.

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: _____

12-26-29

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

Fee: \$800.00

☐ Check # _____

☐ Cash

☐ Receipt # _____

Date Received: 12/23/2024

Received by: Lisa S

ABP# Assigned: 2025-01

BOC Hearing Date: 01/08/2024

☐ 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: BT Bjo

Date:

STATE OF FloridaCOUNTY OF pinellas

Before me, this 23rd day of Dec, 2024, appeared in person

Brandon Nazzario
(name of applicant)

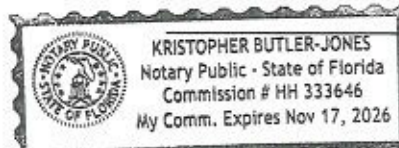
who, being sworn, deposes and says that the forgoing

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

K. Butler Jones
(notary signature)

Commission Expires: Nov. 17, 2026

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

Dockside Dave's Real Estate, LLC

14703 Gulf Blvd, Madeira Beach, FL 33708

12.26.2024

Dockside Dave's Real Estate LLC, as a landlord, allows for the sale of liquor at said establishment.

Thank you,


Brandon Nazzario

727-389-9543

docksidesmadbeach@gmail.com



MIKE TWITTY, MAI, CFA
Pinellas County Property Appraiser

www.pcpao.gov

mike@pcpao.gov

Run Date: 20 Mar 2024

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

Radius: 300 feet

Parcel Count: 160

Total pages: 7

Public information is furnished by the Property Appraiser's Office and must be accepted by the recipient with the understanding that the information received was developed and collected for the purpose of developing a Property Value Roll per Florida Statute. The Pinellas County Property Appraiser's Office makes no warranties, expressed or implied, concerning the accuracy, completeness, reliability or suitability of this information for any other particular use. The Pinellas County Property Appraiser's Office assumes no liability whatsoever associated with the use or misuse of such information.

DBPR ABT-6029 – Division of Alcoholic Beverages and Tobacco
Application for Extension or Amended Sketch of Licensed Premises

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DBPR Form
ABT-6029
Revised 02/2013

If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco's (AB&T) local district office. Please submit your completed application and required fee(s) to your local district office. This application may be submitted by mail, through appointment, or it can be dropped off. A District Office Address and Contact Information Sheet can be found on AB&T's web site at the link provided below:

http://www.myflorida.com/dbpr/abt/district_offices/licensing.html

SECTION 1 - CHECK TRANSACTION REQUESTED

Transaction Type:

- ☐ Temporary Extension
☒ Permanent Extension

☐ Amended Sketch

SECTION 2 - LICENSE INFORMATION

Licensee (as listed on alcoholic beverage license)

DOCKSIDE DAVES RESTAURANT LLC

Business Name (D/B/A)

DOCKSIDE DAVES

Location Address (Street)

14701 GULF BLVD

City

MADEIRA BEACH

County

PINELLAS

State

FL

Zip Code

33708

Alcoholic Beverage License Number

BEV6215122

Series

460P

Type/Class

SFS

Business Telephone Number

727 392 9399 ext.

Email Address (Optional)

docksidemadbeach@gmail.com

FOR TEMPORARY EXTENSIONS ONLY:

Date(s) of Extension:

ABT District Office Received / Date Stamp

SECTION 3 - ZONING APPROVAL
TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION
(This section only applies to a permanent or temporary extension of licensed premises)

Location Street Address _____

City _____

County _____

FL

Zip Code _____

Are there outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed? ☐ Yes ☐ No

☐ The PERMANENT extension of the licensed premises as shown in the sketch complies with zoning requirements for the sale of alcoholic beverages pursuant to this application.

☐ The TEMPORARY extension of the licensed premises as shown in the sketch complies with zoning requirements for the sale of alcoholic beverages pursuant to this application.

Signed: _____ Title: _____ Date: _____

This approval is valid until _____

SECTION 4 - HEALTH
TO BE COMPLETED BY THE DIVISION OF HOTELS AND RESTAURANTS
OR COUNTY HEALTH AUTHORITY
OR DEPARTMENT OF HEALTH
OR DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES

The above establishment complies with the requirements of the Florida Sanitary Code.

Signed _____ Date _____

Title _____

Agency _____

This approval is valid until _____

SECTION 6 – DESCRIPTION OF PREMISES TO BE LICENSED

Business Name (D/B/A)

DOCKSIDE DAVES

1.	Yes ☐	No ☒	Is the proposed premises movable or able to be moved?
2.	Yes ☒	No ☐	Is there any access through the premises to any area over which you do not have dominion and control?
3.	Yes ☒	No ☐	Are there more than 3 separate rooms or enclosures with permanent bars or counters?
4.	Yes ☐	No ☒	Is the business located within a Specialty Center? If yes, check the applicable statute: ☐ 561.20(2)(b)1, F.S. or ☐ 561.20(2)(b)2, F.S.

Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show the details of each floor.

SECTION 5 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED

Business Name (D/B/A)

DOCKSIDE DAVES

"I, the undersigned individually, or if a registered legal entity for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I hereby swear or affirm that the attached sketch is a true and correct representation of the extended licensed premises and agree that the place of business may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the sheriff, his deputies, and police officers for the purposes of determining compliance with the beverage and cigarette laws."

I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes that the foregoing information is true and correct."

If applying for a temporary extension, check the box to confirm the following statement:

☒ "I understand that the premises must be restored to its original form at the conclusion of the authorized temporary event."

STATE OF FLORIDA

COUNTY OF PINELLAS



APPLICANT SIGNATURE

APPLICANT SIGNATURE

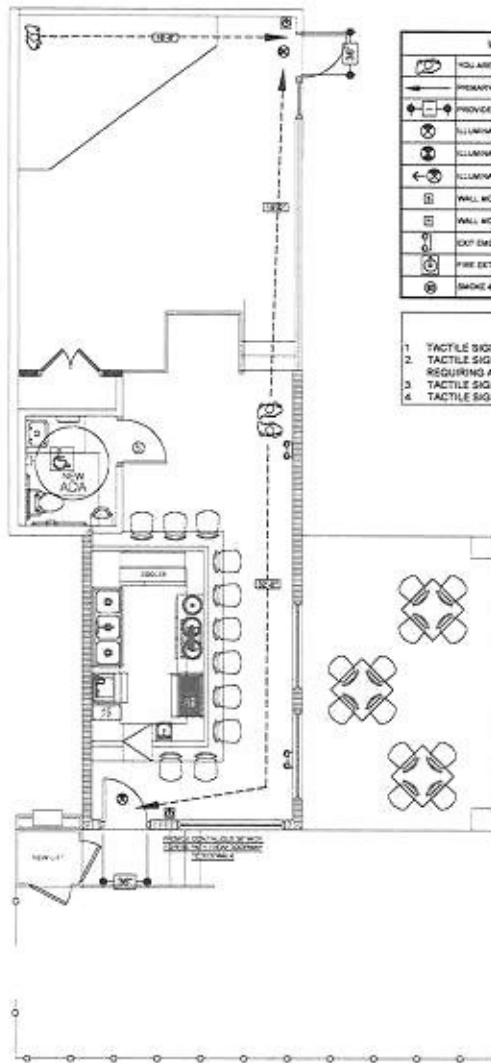
The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day

of _____, 20____, By _____ who is () personally
(print name(s) of person(s) making statement)

known to me OR () who produced _____ as identification.

Notary Public

Commission Expires: _____

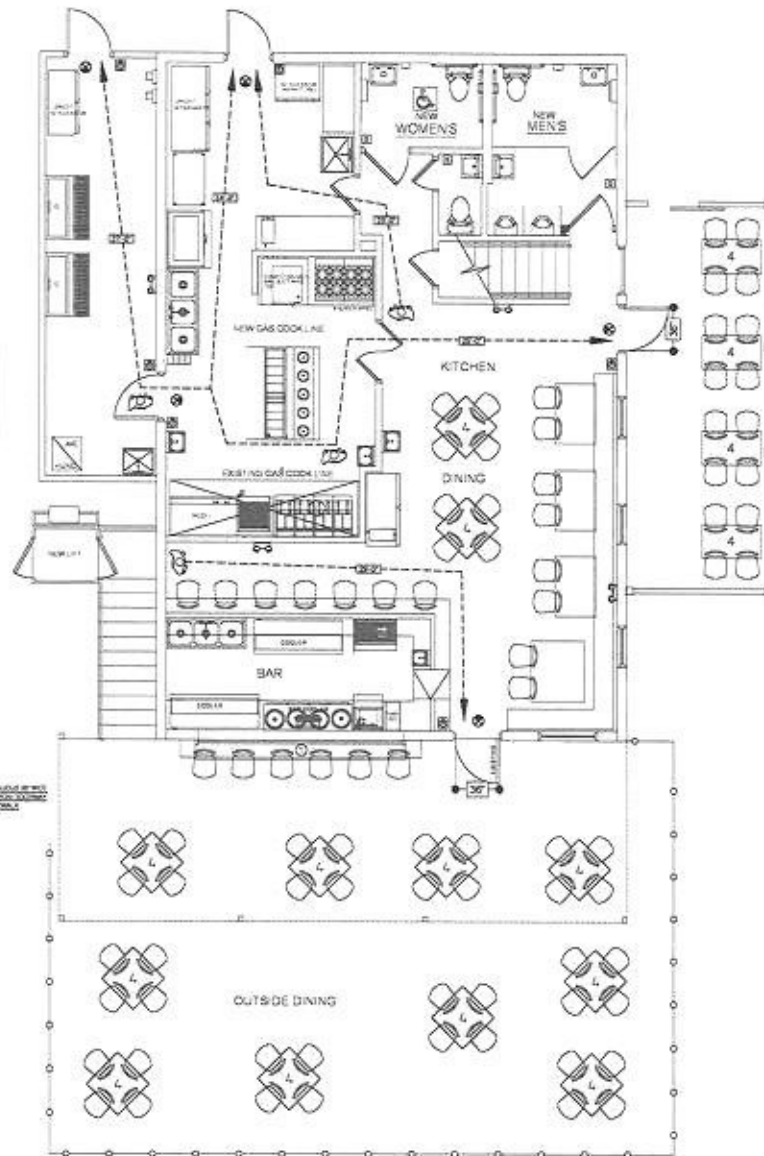


LIFE SAFETY SYMBOL LEGEND	
	YOU ARE HERE (ORIGIN)
	PRIMARY EXIT
	PROVIDED ESCAPE ROUTES
	ILLUMINATED EMERGENCY EXIT SIGN (ONE SIDE)
	ILLUMINATED EMERGENCY EXIT SIGN (TWO SIDES)
	ILLUMINATED EMERGENCY EXIT SIGN WITH ARROW
	WALL MOUNTED ESCAPE LIGHT ONLY
	WALL MOUNTED MANUAL PULL-DOWN STATION
	EXIT EMERGENCY LIGHTING UNIT WITH SELF-CONTAINED BATTERY PACK
	FIRE EXTINGUISHER
	SMOKE & CARBON MONOXIDE DETECTOR, BATTERY OPERATED

GENERAL NOTES

1. TACTILE SIGNAGE SHALL BE PROVIDED PER USC101 CH. 7 10-1.3
2. TACTILE SIGNAGE SHALL BE LOCATED AT EACH EXIT DOOR REQUIRING AN EXIT SIGN.
3. TACTILE SIGNAGE SHALL READ AS FOLLOWS: EXIT
4. TACTILE SIGNAGE SHALL COMPLY WITH ICCANSI A117.1

ELECTRICAL
LIFE SAFETY PLAN
SCALE: 1/4"=1'-0"



ELECTRICAL
LIFE SAFETY PLAN
SCALE: 1/4"=1'-0"

PROJECT INTERIOR MODEL
DOCKSIDE DAVES
14701 & 14703 GULF BLVD.
MADEIRA BEACH, FL
LIFE SAFETY PLAN

JOHN A. BODZIAK
ARCHITECT AIA, PA
ARCHITECTURAL DESIGN AND CONSTRUCTION MANAGEMENT
11111 W. BAYVIEW AVENUE, SUITE 100
MIAMI, FL 33147
TEL: 305.555.1111 FAX: 305.555.1112

JOINT
DATE: 04-28-24
REV: 2023
20-037

LS-1.0

BOUNDARY & TOPOGRAPHIC SURVEY

SECTION 9, TOWNSHIP 31 SOUTH, RANGE 15 EAST
PINELLAS COUNTY, FLORIDA

ADDRESS:
14701 & 14703 GULF BOULEVARD
MAGNOLIA BEACH, FLORIDA

LEGAL DESCRIPTION: (JUN 2008 PG 11342)
 LOTS 7 AND 9 AND LOT 8 LESS ROAD RIGHT-OF-WAY AS
 DESCRIBED IN O.R. BOOK 4776, PAGE 129, SUNNY SHORES,
 ACCORDING TO PLAT THEREOF AS RECORDED IN PLAT BOOK 24,
 PAGE 15, OF THE PUBLIC RECORDS OF PINELLAS COUNTY,
 FLORIDA.

AND FOR 2016 AND 2017:

BEGINNING AT THE MOST SOUTHERLY CORNER OF LOT 30 OF TRACT 2, MANICERA BEACH, WITHIN IN GOVERNMENT LOT 2, SECTION 9, TOWNSHIP 31 SOUTH, RANGE 15 EAST, ACCORDING TO THE THURSDAY RECORD, 1943, PAGE 1434, PAGE 104, PUBLIC RECORDS OF PASADENA COUNTY, FLORIDA, BEAN W. 43/50°56" E. 300 FEET; THENCE S. 48°01'44" E. 57.77 FEET; THENCE S. 43°50'08" W. 300 FEET TO THE EASTERLY BOUNDARY OF GULF BOULEVARD; THENCE IN A NORTHWESTERLY DIRECTION ALONG THE EASTERLY BOUNDARY OF GULF BOULEVARD 57.77 FEET TO THE POINT OF BEGINNING, LESS AND EXCEPT THAT PORTION DESCRIBED ON O.R. BOOK 4345, PAGES 1480 - 1483 FOR RIGHT OF WAY PURPOSES.

TREE LEGEND

 OAK

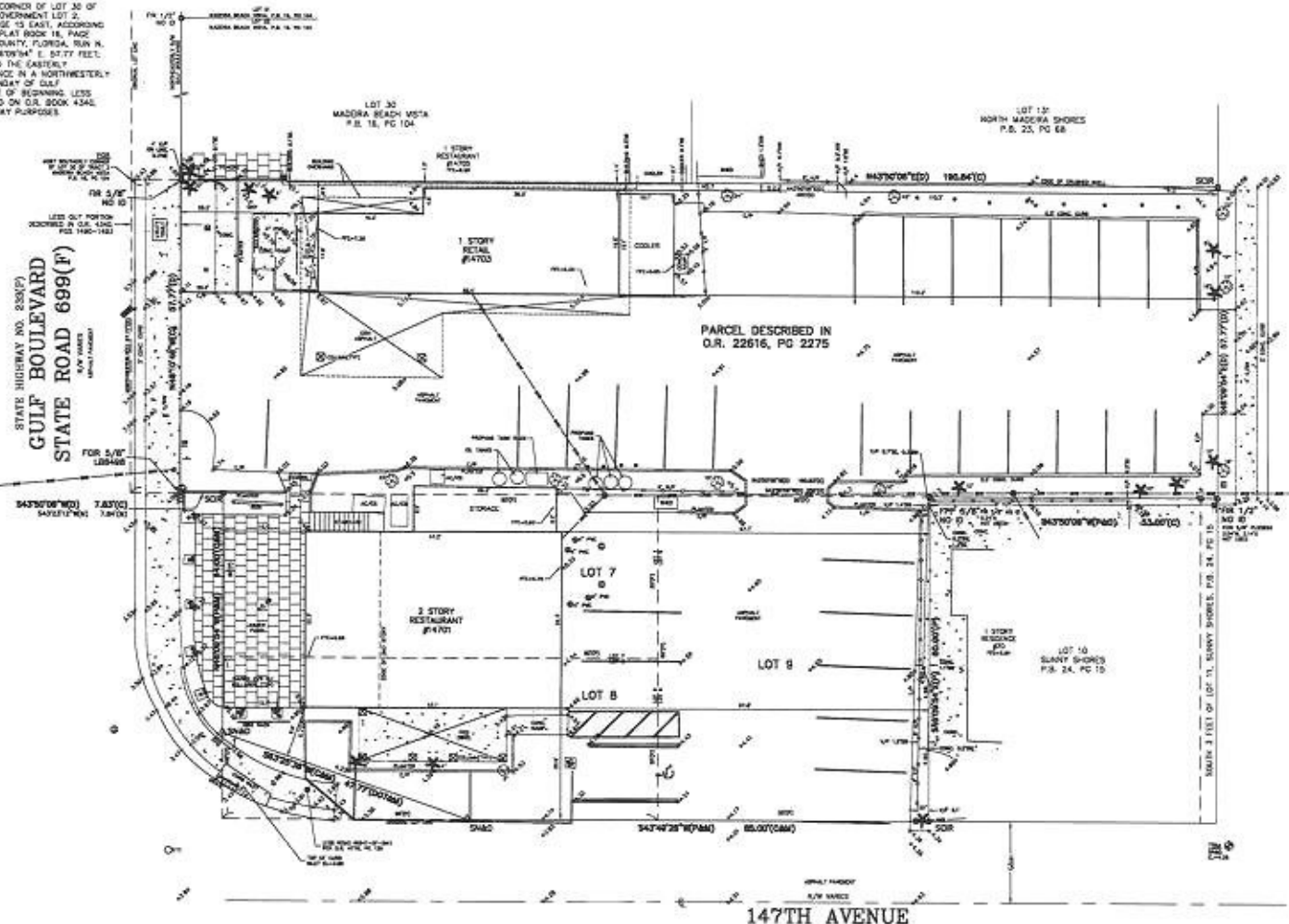
 PALM

 LEMON

22 MICH. L.J. 682

- Backflow Preventer
- Ballcock
- Cistern Box
- Cisterns
- Cleanout
- Insulated Piping
- Storming Weather
- Ice Thawer
- Ice Melt
- Shower Trap
- 270° Manhole
- Dry Apron
- Light Pipe
- Light Man
- Manhole
- Power Box
- Removable Water Box
- Sanitary Manhole
- Sign
- Spot Cleanout
- Telescopic Manhole
- Utility Pipe
- Utility Box
- Utility Tunnel

ABBREVIATION LEGEND

[illegible]

147TH AVENUE



SURVEY NOTES:

- [illegible]

SURVEYOR CERTIFICATION

- I, DONALD J. CYR, the SURVEYOR in RESPONSIBLE CHARGE, HEREBY CERTIFY THAT THE SURVEY REPRESENTS HIGHER AND THAT (SEE ABOVE) GROUND SURVEY AND EXISTING ARE ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. SURVEY NOT VALID WITHOUT THE SIGNATURE AND ORIGINAL, RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND SWEVEN, OR ELECTRONIC DIGITAL SIGNATURE IN ACCORDANCE WITH STATE OF FLORIDA ADMINISTRATIVE CODE RULE 6A-17.062.

DOUGLAS J. STINE, P.L.C. (LA. REG. NO. 296)
DATE: JANUARY 2, 2004
AN UNOBTAINED SLURRY OBTAINED IS FOR MEDICINAL PURPOSES ONLY

WIL 5745	FIELD DATA DISCUSSION BY 5745
CHARGE BY: 5745	
CHECKED BY: 5745	
WIL 5745	
WIL 5745 (7/1/2000) 5-4575	

GEODATA SERVICES INC
1166 KAPP DRIVE
CLEARWATER, FL 33765
PHONE: (727) 447-1763

THE LIT. TARI

MONTHLY PARKING AGREEMENT

TERMS AND CONDITIONS

UPP Global ('UPP') managing agent of the Florida Parking Lot ('FPL') and the undersigned cardholder ('Account Holder'), hereby agree that the Account Holder may use the FPL on an unreserved basis subject to the following terms and conditions:

1. UPP manages the parking lot. Any questions concerning billing, access credentials, etc. should be directed to customer support at (207) 747-4230 or by email at: support@uppglobal.com.
2. Monthly Parking fees in the amount of **"\$1,815.00" Per Month**, are **DUE IN ADVANCE**, without notice on the **FIRST DAY OF EACH MONTH**. The total amount due every month is calculated for 11 vehicles at \$5.50 per vehicle, per day.
A 5.0% Late Fee will be charged if the parking fee is not paid by the 4th day of the month. Parking Privileges may | will be suspended if fees are not received by the 7th day of each month. A month is defined as the 1st day of a calendar month through and including the last day of a calendar month.
3. **OWNERS PARK AT THEIR OWN RISK**. UPP will not be liable for any destruction, loss, or damage to Owner's vehicle or any other property or for any injury to owner or any other person resulting from the use of the lot.
4. **TERMINATION RIGHTS**: Account Holder may terminate this agreement thirty (30) days in advance to the first of the month by filling out a cancellation form and submitting to customer support by email at support@uppglobal.com or by delivering to UPP Corporate Office at 496 Congress Street, Suite 3, Portland, ME. 04101 during business hours. Parking may be terminated immediately by UPP if Account Holder is found in violation of the terms within this Agreement. This Agreement is immediately terminated if the Account Holder leaves the company | firm | business listed below. The space is only transferrable to another parker with permission by UPP support.
5. **MODIFICATIONS**: UPP holds the right to modify or increase parking fees or terminate this agreement with no less than thirty {30} days' notice of such change.
6. The Parking lot prohibits the use of storage within the parking lot. Any vehicle, which has remained parked for more than five {5} consecutive days without permission by UPP support or management will be considered unauthorized storage and may result with vehicles being towed at Owner's expense.
7. First month's rent of **"\$1,815,"** must be paid when this contract is completed and submitted.

CONTACT INFORMATION

ACCOUNT HOLDER INFORMATION:

NAME:

PHONE #:

EMAIL:

USED FOR CONTACT OR BILLING PURPOSES ONLY

ORGANIZATION | PLACE OF BUSINESS:

IF APPLICABLE

VEHICLE INFORMATION

Please List Every Vehicle Parker You May Drive

LICENSE & VEHICLE INFORMATION:

CUSTOMER'S DRIVER'S LICENSE:

STATE ISSUED:

PRIMARY VEHICLE:

MAKE:

MODEL:

COLOR:

YEAR:

LICENSE PLATE:

STATE:

SECONDARY VEHICLE:

MAKE:

MODEL:

COLOR:

YEAR:

LICENSE PLATE:

STATE:

EMPLOYEE SIGNATURE:

ACCOUNT HOLDER OR ITS REPRESENTATIVE HEREBY ACKNOWLEDGES AND AGREES TO THE ABOVE TERMS AND CONDITIONS AND RETAINS ONE COPY OF THIS AGREEMENT:

APPLICANT SIGNATURE:

DATE:

I declare under penalty of perjury under the laws of the ~~State of Maine~~ that the information provided herein is correct and complete. I understand that incomplete or inaccurate information will result in termination of the authorization to park in the designated monthly parking space. I further agree to defend, indemnify, and hold harmless UPP Global, LLC, its officials, officers, employees, and agents against: (1) any liability, claims, causes of action, judgements, or expenses, including reasonable attorney fees, resulting directly or indirectly from any act or omission of the Permit holder, anyone directly or indirectly employed by them, and anyone for whose acts of omissions they may be liable, arising out of the Account Holder's use of UPP's designated monthly parking spaces; and (2) all loss by the failure of the Account Holder to fully or adequately perform, in any respect, all authorizations or obligations under the Permit.