

ABP #: 2023-07



# CITY OF MADEIRA BEACH

PLANNING & ZONING DEPARTMENT  
300 MUNICIPAL DRIVE ♦ MADEIRA BEACH, FLORIDA 33708  
(727) 391-9951 EXT. 255 ♦ FAX (727) 399-1131  
Email: [planning@madeirabeachfl.gov](mailto:planning@madeirabeachfl.gov)



## ALCOHOLIC BEVERAGE PERMIT APPLICATION

Applicant's Name: LILITHS SUGAR SHACK LLC, Dustin Griffin as Manager

Type of License Requested: Beer & Wine License 2COP

Name of Partnership, Corporation, LLC (if applicable): LILITHS SUGAR SHACK LLC

Mailing Address: 13246 4th Street East, APT 2  
Madeira Beach, FL 33708

Phone(s): 330-608-5532 Email: Dustin@DustinGriffin.com

Type of Ownership:  Individual  Partnership  Corporation  LLC

Name of Business: LILITHS SUGAR SHACK LLC Business Phone: 330-608-5532

Physical Address: 121 129TH AVE E, MADEIRA BEACH, FL 33708

Parcel #: 15-31-15-58320-001-0130

Legal Description: MITCHELL'S BEACH REVISED BLK 1, LOT 13

Number of Seats: Inside: NONE (No plans for indoor seating) Outside: 8

Number of Employees: 1 as of 4/12/2023. Planning to have 1 or 2 employees working at any given time

Zoning District:

- C-1 Tourist Commercial
- C-2 John's Pass Marine Commercial
- C-3 Retail Commercial
- C-4 Marine Commercial
- R-3 Only Restaurant
- PD Planned Development

Classification:

- Package store, beer & wine
- Retail Store, beer, wine
- Package store, beer, wine, liquor
- Restaurants
- Bar Bar/Cafe with Ice Cream, Coffee, Tea
- Club
- Charter Boats

**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.

Number of Parking Spaces: 3\* HC Parking Spaces: None Bike Racks: 1 Bike Rack for 6 or more bikes

Hours of Operation: \*PLEASE NOTE: Parking spaces are for employees only. Handicap employees can park right behind the building and use our handicap ramp to get into the building.

Monday: 7AM - 11PM TBD

Tuesday: 7AM - 11PM TBD

Wednesday: 7AM - 11PM TBD

Thursday: 7AM - 11PM TBD

Friday: 7AM - 11PM TBD

7AM - 11PM TBD

Sunday: 7AM - 11PM TBD

General Description of Business: Cafe/Bar serving ice cream, coffee, tea, smoothies, beer & wine,

Supporting Materials Required:

Property Owner's Written Approval       Property Survey

Site Plan

**Questionnaire: On a separate piece of paper, please answer the following questions:** **Answers to Questions Attached**

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.

**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.

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.

Questionnaire: Please answer the following questions:

- 1. Q: 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.**

A: The primary intent of the of this application is to serve beer and wine to the customers of Liliths Sugar Shack. John's Pass is a major tourist destination with many businesses that already serve alcohol as well. Liliths Sugar Shack will fit in well with the beach and nautical theme of John's Pass. The location, for which the proposed alcoholic beverage request is being made, is located in the John's Pass Commercial Tourist Area (C-1 Zoning District) and currently (as of today through March 31, 2023) has a beer and wine license that has not adversely affected the character of the existing neighborhood. We have no reason to believe that granting our business, at the same location, an identical 2COP License, will negatively affect the neighborhood in any way. We will continue to be a good neighbor and an active and responsible participant in our community who will continue to promote the beach and nautical theme, character, charm and heritage of John's Pass.

- 2. Q. 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.**

A. Liliths Sugar Shack is focused on serving tasty beverages to locals and tourists visiting John's Pass. We currently have three parking spaces for employees and a bike rack for at least 6 bicycles or more. We also have room for motorcycle and scooter parking. We also have outdoor plugs for customers who wish to charge their electric bikes, scooters and skateboards. Customers can park in the large private parking lots adjacent to the East side of our building off of 129<sup>th</sup> Avenue E or use the City of Madeira Parking and other Private Parking spaces located throughout John's Pass which is very walkable, allowing visitors to participate in multiple attractions and activities in the Pass without having to drive from business to business. Our location is a walk up café, where people walk up and order at the window and enjoy their beverages on our front deck, rear deck or paved area on the West side of our building. There is no drive-through and there has never been any

congestion problems associated with the location for the past 6 years, nor do we anticipate any future problems with traffic and parking.

**3. Q. Whether or not the proposed use is compatible with the particular location for which it is proposed.**

A. The proposed use of the 2COP Beer & Wine License is totally compatible with the existing location since the location's current tenant (as of today through March 31, 2023) has an active beer and wine license. No changes in compatibility are intended or expected due to establishing a new 2COP License for our new business. The business is not located within 300 feet of a school or church.

**4. Q. Whether or not the proposed use will adversely affect the public safety.**


A. The proposed use of the location as a café, that serves ice cream, coffee, tea, beer & wine, will not adversely affect the public safety in any way. The current tenant at the location (As of today through March 31, 2023) has operated the same type of business and usage for the past 6 years with no negative affects to public safety and we anticipate no future problems. All open container alcohol products must be consumed on premises or disposed of before customers returns to the public right of way.

**5. Q. 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.**

A. The business applying for this permit is a brand new business, formed in the State of Florida on March 1, 2023 and currently has no outstanding charges, fees, interest, fines or penalties owed to the City under any section of code.



ABP #: 2023-07

Signature of Applicant:  as Manager Date: April 12, 2023

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

**Fee:** \$800.00     Check # \_\_\_\_\_     Cash     Receipt # 1429

Date Received: 4-17-23    Received by: 

ABP# Assigned: 2023-07

BOC Hearing Date: 5-10-23     Approved     Denied

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

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

MADEIRA BEACH CITY HALL  
300 MUNICIPAL DR  
MADEIRA BEACH FL 33708  
727-391-9951

Terminal ID: \*\*\*\*\*102

4/14/23 11:48 AM

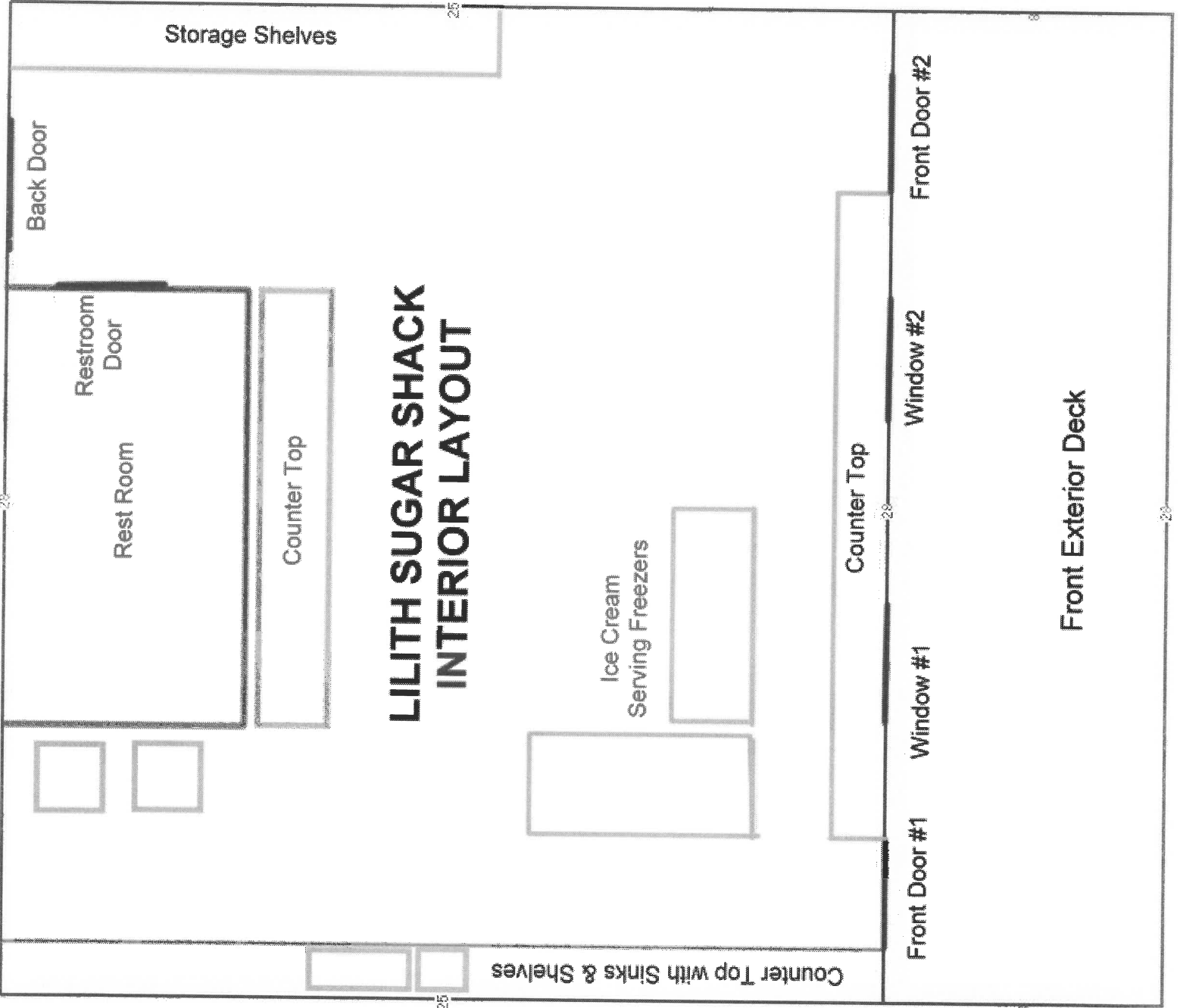
VISA - MANHATTAN  
\*\*\*\*\*9413

NOTE SALE  
CARD # 310215036856 REF # 1429  
BATCH #: 370 AUTH #: 026332

AMOUNT \$824.00

APPROVED

CUSTOMER COPY



# LILITH SUGAR SHACK INTERIOR LAYOUT

Front Exterior Deck

**NJE Properties**  
PO Box 14433  
Tallahassee, FL 32317

City of Madeira Beach  
Alcoholic Beverage Permit

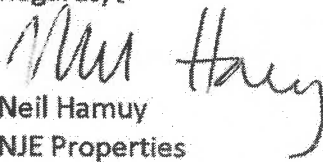
RE: Beer and wine license for 121 E 129<sup>th</sup> Ave, Madeira Beach

March 23, 2023

Dear City of Madeira Beach,

Dustin Griffin and Lilith's Sugar Shack LLC has the permission of NJE Properties, the owner of 121 E 129<sup>th</sup> Ave. Madeira Beach, to obtain a beer and wine license. Thank you.

Regards, -

  
Neil Hamuy  
NJE Properties

**DBPR ABT-6001 – Division of Alcoholic Beverages and Tobacco  
Application for New Alcoholic Beverage License**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**DBPR Form  
ABT-6001  
Revised 08/2013**

*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:*

Local ABT District Licensing Offices

<b>SECTION 1 - CHECK LICENSE CATEGORY</b>				
License Series Requested COP	Type/Class Requested 2COP	Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Child License Requested	Number of Child Licenses Requested			
<input checked="" type="checkbox"/> Retail Alcoholic Beverages	<input type="checkbox"/> Alcoholic Beverage Manufacturer			
<input type="checkbox"/> Beer/Wine/Liquor Wholesaler	<input type="checkbox"/> Passenger Waiting Lounge			
<input checked="" type="checkbox"/> Retail Tobacco Products Dealer Permit (must check one or more of the below)				
<input checked="" type="checkbox"/> Pipes <input checked="" type="checkbox"/> Over the Counter <input checked="" type="checkbox"/> Vending Machine				
<b>SECTION 2 – LICENSE INFORMATION</b>				
If the applicant is a corporation or other legal entity, enter the name and the document number as registered with the Florida Department of State Division of Corporations on the line below.				
FEIN Number 92-2650225	Business Telephone Number 330-608-5532	E-Mail Address (Optional) DUSTIN@DUSTINGRIFFIN.COM		
Full Name of Applicant(s): (This is the name the license will be issued in) LILITHS SUGAR SHACK LLC			Department of State Document # L23000110590	
Business Name (D/B/A) LILITHS SUGAR SHACK LLC				
Location Address (Street and Number) 121 129TH AVENUE EAST				
City MADEIREA BEACH	County PINELLAS	State FL	Zip Code 33708	
Mailing Address (Street or P.O. Box) 13246 4TH STREET EAST, APT 2				
City MADEIRA BEACH		State FL	Zip Code 33708	
<b>Contact Person - This section is optional, see application instructions for details</b>				
Contact Person DUSTIN GRIFFIN		Telephone Number 330-608-5532 ext.		
E-Mail Address (Optional) DUSTIN@DUSTINGRIFFIN.COM				
Mailing Address (Street or P.O. Box) 13246 4TH STREET EAST, APT 2				
City MADEIRA BEACH		State FL	Zip Code 33708	

**ABT District Office Received Date Stamp**

**SECTION 3 – RELATED PARTY PERSONAL INFORMATION**

**This section must be completed for each person directly connected with the business, unless they are a current licensee.**

1.	Business Name (D/B/A) LILITHS SUGAR SHACK LLC					
2.	Full Name of Individual DUSTIN GRIFFIN					
	Social Security Number* 435-33-6071			Home Telephone Number 330-608-5532		Date of Birth 1/18/1970
	Race WHITE	Sex MALE	Height 6.0	Weight 185	Eye Color HAZEL	Hair Color BROWN
3.	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:					
4.	Home Address (Street and Number) 13246 4TH STREET EAST, APT 2					
	City MADEIRA BEACH				State FL	Zip Code 33708
5.	Do you currently own or have an interest in any business selling alcoholic beverages, wholesale cigarette or tobacco products, or a bottle club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Business Name (D/B/A)				License Number	
	Location Address					
6.	Have you had any type of <b>alcoholic beverage</b> , or bottle club license, or cigarette, or tobacco permit refused, revoked or suspended anywhere in the past 15 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Business Name (D/B/A)				Date	
	Location Address					
7.	Have you been convicted of a <b>felony</b> within the past 15 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below and provide a <b>Copy of the Arrest Disposition</b> , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					
8.	Have you been convicted of an offense involving <b>alcoholic beverages or tobacco products</b> anywhere within the past 5 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below and provide a <b>Copy of the Arrest Disposition</b> , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					

9. Have you been arrested or issued a notice to appear in any state of the United States or its territories within the past 15 years?  Yes  No  
 If yes, provide the information requested below and a **Copy of the Arrest Disposition**.  
**Attach additional sheet if necessary.**

Date	Location
Type of Offense	

10. Do you meet the standards of the moral character rule?  
 Yes  No

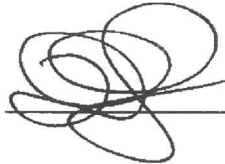
11. Are you an officer or employee of the Division of Alcoholic Beverages and Tobacco; are you a sheriff or other state, county, or municipal officer, including reserve or auxiliary officers, certified by the state as such, with arrest powers, whose certification is current and active?  
 Yes  No

**NOTARIZATION STATEMENT**

"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 I have fully disclosed any and all parties financially and or contractually interested in this business and that the parties are disclosed in the Disclosure of Interested Parties of this application. I further swear or affirm that the foregoing information is true and correct."

STATE OF Florida

COUNTY OF Pinellas



APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR ( ) Acknowledged Before me this 24 Day of March, 2023. By Dustin Wayne Griffen who is ( ) personally (print name of person making statement)

known to me OR () who produced Georgia State Drivers License as identification.



Notary Public



Salvador Valles  
 Comm: HH 355573  
 Expires: January 30, 2027  
 Notary Public - State of Florida

Commission Expires: January 30, 2027

(ATTACH ADDITIONAL COPIES AS NECESSARY)

**\*Social Security Number**

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L. 193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(i). This information is used to identify licensees for tax administration purposes. This information is used to identify licensees for tax administration purposes, and the division will redact the information from any public records request.

**SECTION 4 – DESCRIPTION OF PREMISES TO BE LICENSED  
TO BE COMPLETED BY THE APPLICANT**

Business Name (D/B/A)

1.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Is the proposed premises movable or able to be moved?
2.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Is there any access through the premises to any area over which you do not have dominion and control?
3.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Is the business located within a Specialty Center? If yes, check the applicable statute: <input type="checkbox"/> 561.20(2)(b)1, F.S. or <input type="checkbox"/> 561.20(2)(b)2, F.S.
4.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Are there any mobile vehicles used to sell or serve alcoholic beverages?
5.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Are there more than 3 separate rooms or enclosures with permanent bars or counters?

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.

See attached layout, drawings, maps and photos of LILITHS SUGAR SHACK location and building.



**SECTION 5 – APPLICATION APPROVALS**

Full Name of Applicant: (This is the name the license will be issued in)  
LILITHS SUGAR SHACK LLC

Business Name (D/B/A)  
LIL SUGAR SHACK

Street Address  
121 129TH AVENUE E

City  
MADEIRA BEACH

County  
PINELLAS

State  
FL

Zip Code  
33708

**ZONING**

**TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION**

- A. The location complies with zoning requirements for the sale of alcoholic beverages or wholesale tobacco products pursuant to this application for a Series: \_\_\_\_\_ Type: \_\_\_\_\_ license.
- B. This approval includes outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed and are identified on the sketch?  Yes  No

Check either: Please do not skip, this is important for license fee sharing

Location is within the city limits or  Location is in the unincorporated county

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ This approval is valid for \_\_\_\_ days.

**SALES TAX**

**TO BE COMPLETED BY THE DEPARTMENT OF REVENUE**

The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax.

1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns appear to have been paid through the period ending \_\_\_\_\_ or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 213.758 (4), F.S. (Not applicable if no transfer involved).
2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Department of Revenue Stamp

This approval is valid for \_\_\_\_ days.

**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 Barbara Glendon Date 3/10/2023

Title Reg Spec Agency DPR - Pinellas

This approval is valid for 60 days.

APPROVED CONTINGENT  
UFUD SATISFACTORY  
OPENING INSPECTION

2023 MAR 16  
11 11 AM '23

**SECTION 6 – APPLICANT ENTITY FELONY CONVICTION**

Business Name (D/B/A)  
LILITHS SUGAR SHACK LLC

Has the applicant entity been convicted of a felony in this state, any other state, or by the United States in the last 15 years?

Yes  No

If the answer is "Yes," please list all details including the date of conviction, the crime for which the entity was convicted, and the city, county, state and court where the conviction took place.

Multiple empty horizontal lines for providing details of a conviction.

(Attach additional sheets if necessary)

**SECTION 7 – SPECIAL LICENSE REQUIREMENTS  
(DOES NOT APPLY TO BEER AND WINE LICENSES)**

Please check the appropriate box of the license for which you are applying. Fill in the corresponding requirements for the license type sought.

- Quota Alcoholic Beverage License
- Specialty Alcoholic Beverage License (e.g. SRX, S, etc)
- Club Alcoholic Beverage License

This license is issued pursuant to \_\_\_\_\_, Florida Statutes or Special Act, and as such we acknowledge the following requirements must be met and maintained:

**NOT APPLICABLE TO BEER AND WINE LICENSES**

Multiple empty horizontal lines for listing requirements.

Please initial and date:

Applicant's Initials \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 8 – DISCLOSURE OF INTERESTED PARTIES**

Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license. You MUST list all persons and entities in the entire ownership structure. **To determine which of those persons must submit fingerprints and a Related Party Personal Information, sheet, see the fingerprint section in the application instructions.**

Business Name (D/B/A) **LILITHS SUGAR SHACK LLC**

1. When applicable, complete the appropriate section below. **Attach extra sheets if necessary.**

Title/Position	Name	Stock %
CORPORATION– List all officers, directors, and stockholders		
GENERAL PARTNERSHIP – List all general partners		
LIMITED LIABILITY COMPANY – List all managers (member & non-member), directors, officers, and members		
MANAGER	DUSTIN GRIFFIN	0%
MEMBER	LILITHS CAFE LLC, DUSTIN GRIFFIN AS MEMBER	100%

LIMITED PARTNERSHIP – List all general and limited partners.		

LIMITED LIABILITY PARTNERSHIP – List all partners		

Bar Manager (Fraternal Organizations of National Scope only):

**OTHER INTERESTS**

These questions must be answered about this business for every person or entity listed as the applicant

1. Are there any persons or entities not disclosed who have loaned money to the business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Are there any persons or entities not disclosed that derive revenue from the license solely through a contractual relationship with the licensee, the substance of which is not related to the control of the sale of alcoholic beverages, or is exempt by statute or rule?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Are there any persons or entities not disclosed that have the right to receive revenue based on a contractual relationship related to the control of the sale of alcoholic beverages?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are there any persons or entities not disclosed who have a right to a percentage payment from the proceeds of the business pursuant to the lease?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Are there any persons or entities not disclosed who have guaranteed the lease or loan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Are there any persons or entities not disclosed who have co-signed the lease or loan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Is there a management contract, franchise agreement, or concession agreement in connection with this business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you or anyone listed on this application, accepted money, equipment or anything of value in connection with this business from any industry member as described in 61A-1.010, Florida Administrative Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**If you answered yes to any of the above questions, a copy of the agreement must be submitted with this application. The terms of the agreement may require the interested persons or parties related to an entity to submit fingerprints and a related party personal information sheet.**

SECTION 8 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED

Business Name (D/B/A)  
LILITHS SUGAR SHACK LLC

"I, the undersigned individually, or on behalf of a legal entity, 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 entire area and premises to be licensed and agree that the place of business, if licensed, 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 retail tobacco 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 that no other person or entity except as indicated herein has an interest in the alcoholic beverage license and/or tobacco permit, and all of the above listed persons or entities meet the qualifications necessary to hold an interest in the alcoholic beverage license and/or tobacco permit."

STATE OF Florida

COUNTY OF Pinellas

Dustin Griffin as manager of Liliths Sugar Shack LLC

APPLICANT/AUTHORIZED REPRESENTATIVE NAME

[Signature]  
as manager

APPLICANT/AUTHORIZED REPRESENTATIVE SIGNATURE

The foregoing was (  ) Sworn to and Subscribed OR ( ) Acknowledged Before me this 24 Day  
of March, 2023, By Dustin Wayne Griffin who is ( ) personally  
(print name(s) of person(s) making statement)

known to me OR (  ) who produced Georgia State Drivers License as identification.

[Signature]



Salvador Valles  
Comm.: HH 355573 Commission Expires: January 30, 2027  
Notary Public - State of Florida

**SECTION 10 - CURRENT LICENSEE UPDATE DATA SHEET**

This section is to be completed for all current alcoholic beverage and/or tobacco license holders listed on the application to ensure the most up to date information is captured.

Business Name (D/B/A)

Last Name <small>NOT APPLICABLE</small>	First	M.I.
--	-------	------

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
---------------	-------------------------

Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
-----------	-------	------

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
---------------	-------------------------

Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
-----------	-------	------

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
---------------	-------------------------

Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
-----------	-------	------

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
---------------	-------------------------

Street Address

City	State	Zip Code
------	-------	----------

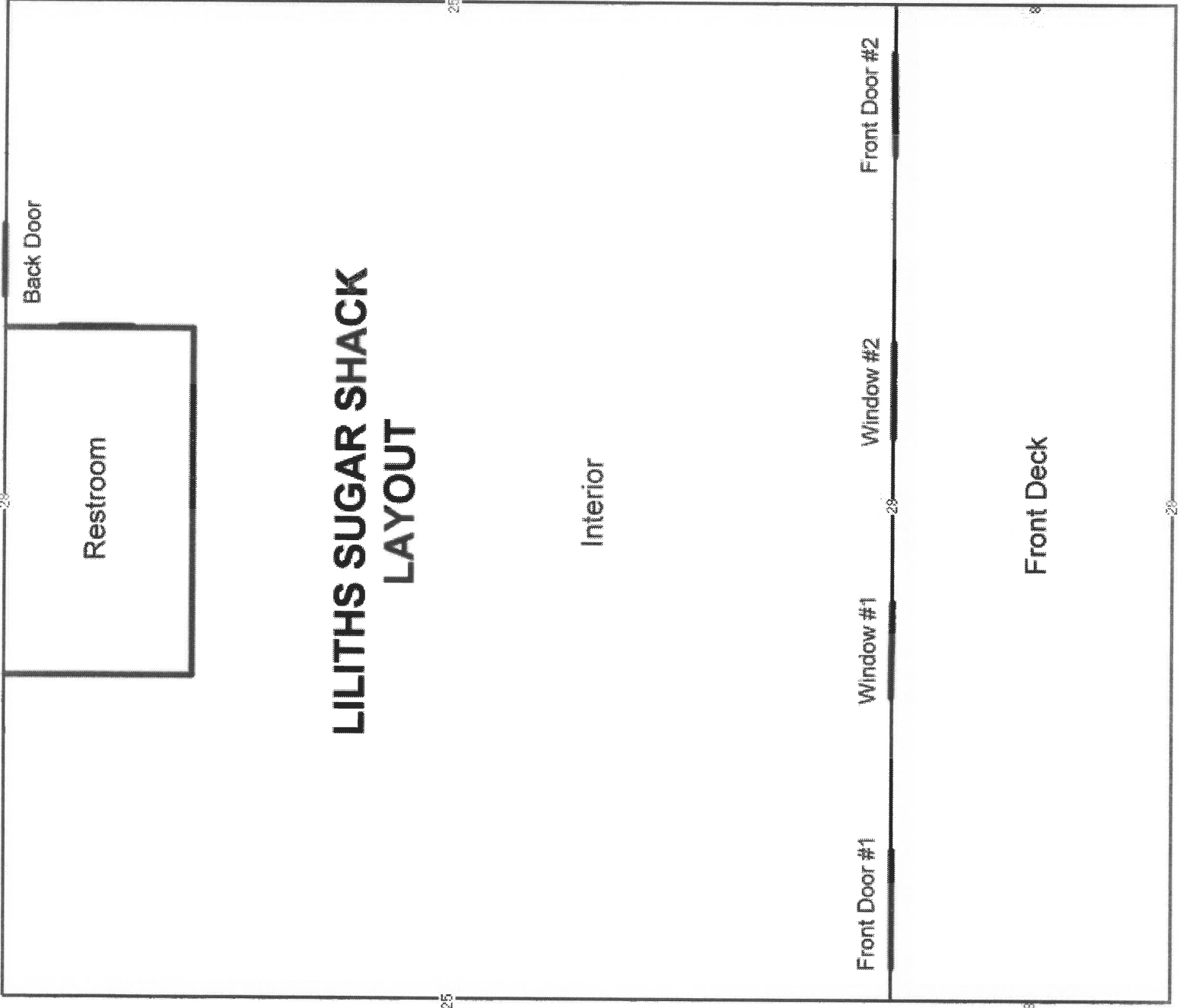
Last Name	First	M.I.
-----------	-------	------

Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
---------------	-------------------------

Street Address

City	State	Zip Code
------	-------	----------



# LILITHS SUGAR SHACK LAYOUT

Restroom

Back Door

Interior

Front Deck

Front Door #2

Window #2

Window #1

Front Door #1

25

25

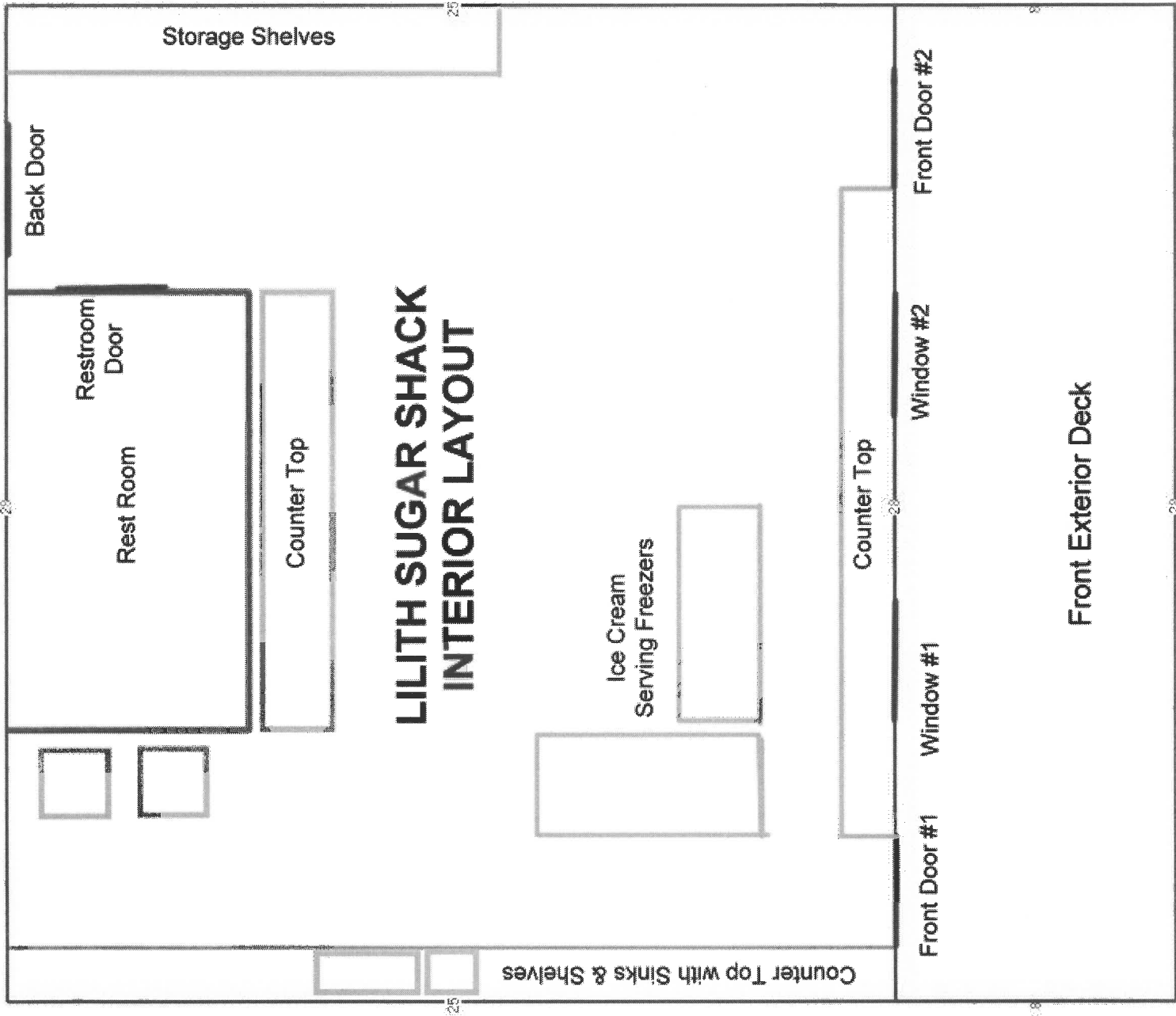
28

28

28

28

28



# LILITH SUGAR SHACK INTERIOR LAYOUT

Storage Shelves

Back Door

Restroom  
Door

Rest Room

Counter Top

Ice Cream  
Serving Freezers

Counter Top

Counter Top with Sinks & Shelves

Front Door #2

Window #2

Window #1

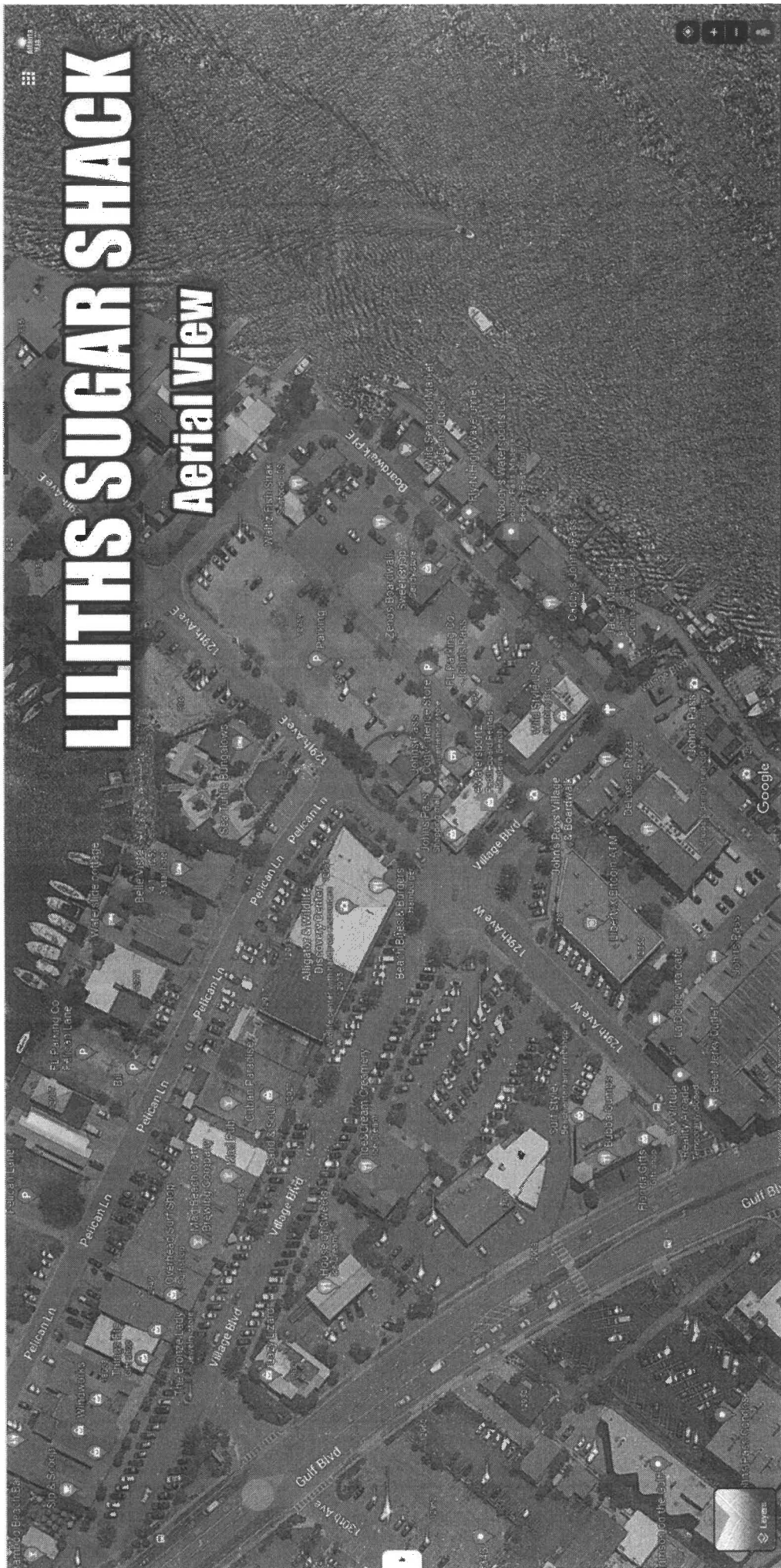
Front Door #1

Front Exterior Deck

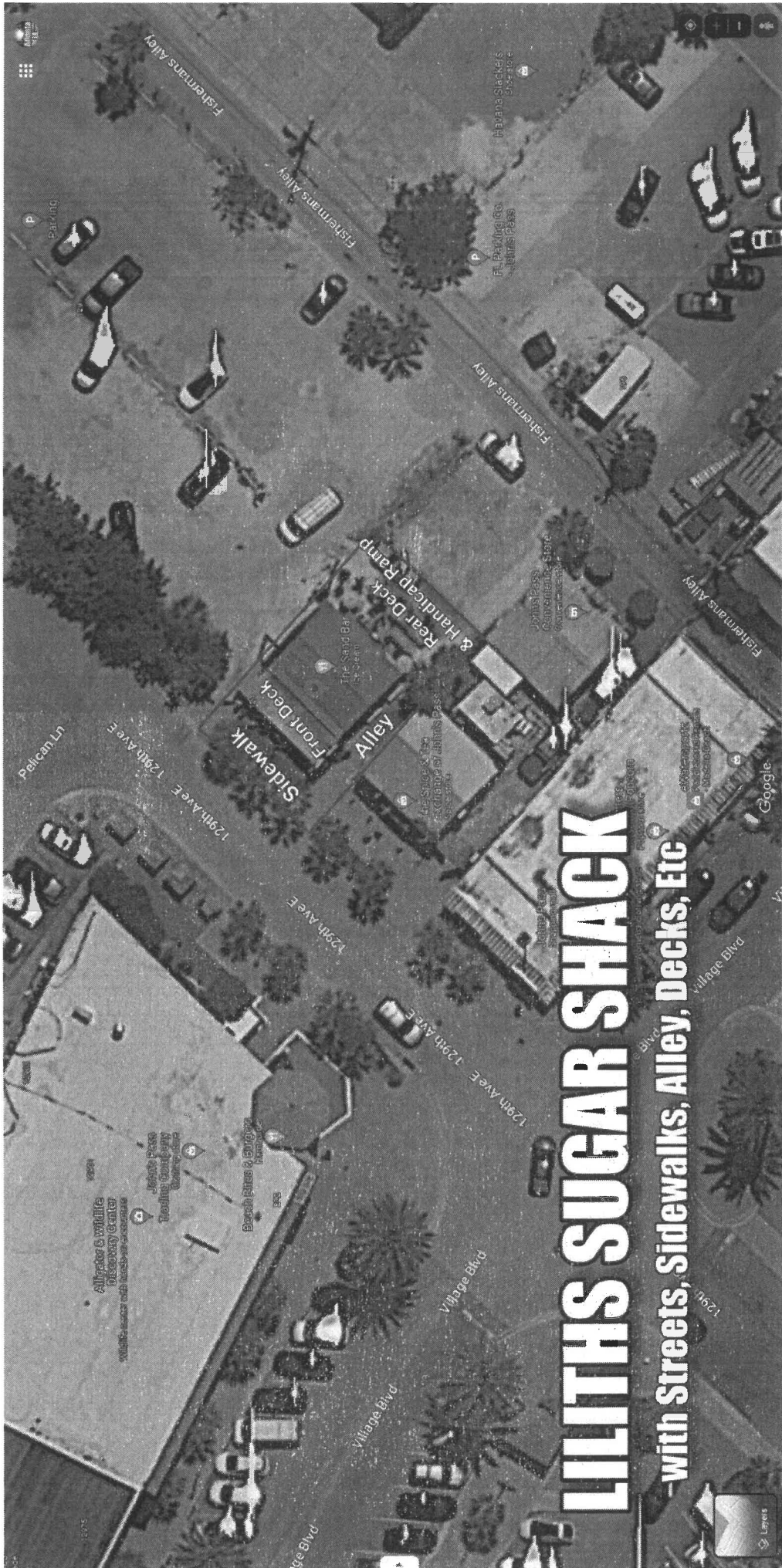


# LILITHS SUGAR SHACK

## Aerial View







# LILITHS SUGAR SHACK

-with Streets, Sidewalks, Alley, Decks, Etc

Alligator & Wildlife  
Discovery Center

Leah's Place  
Reading Center

Beach Area & Storage

129th Blvd

Village Blvd

Village Blvd

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

Pelican Ln

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

Sidewalk

Front Deck

Alley

Rear Deck & Handicap Ramp

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

129th Ave

Fishermans Alley

Fishermans Alley

Fishermans Alley

Fishermans Alley

Fishermans Alley

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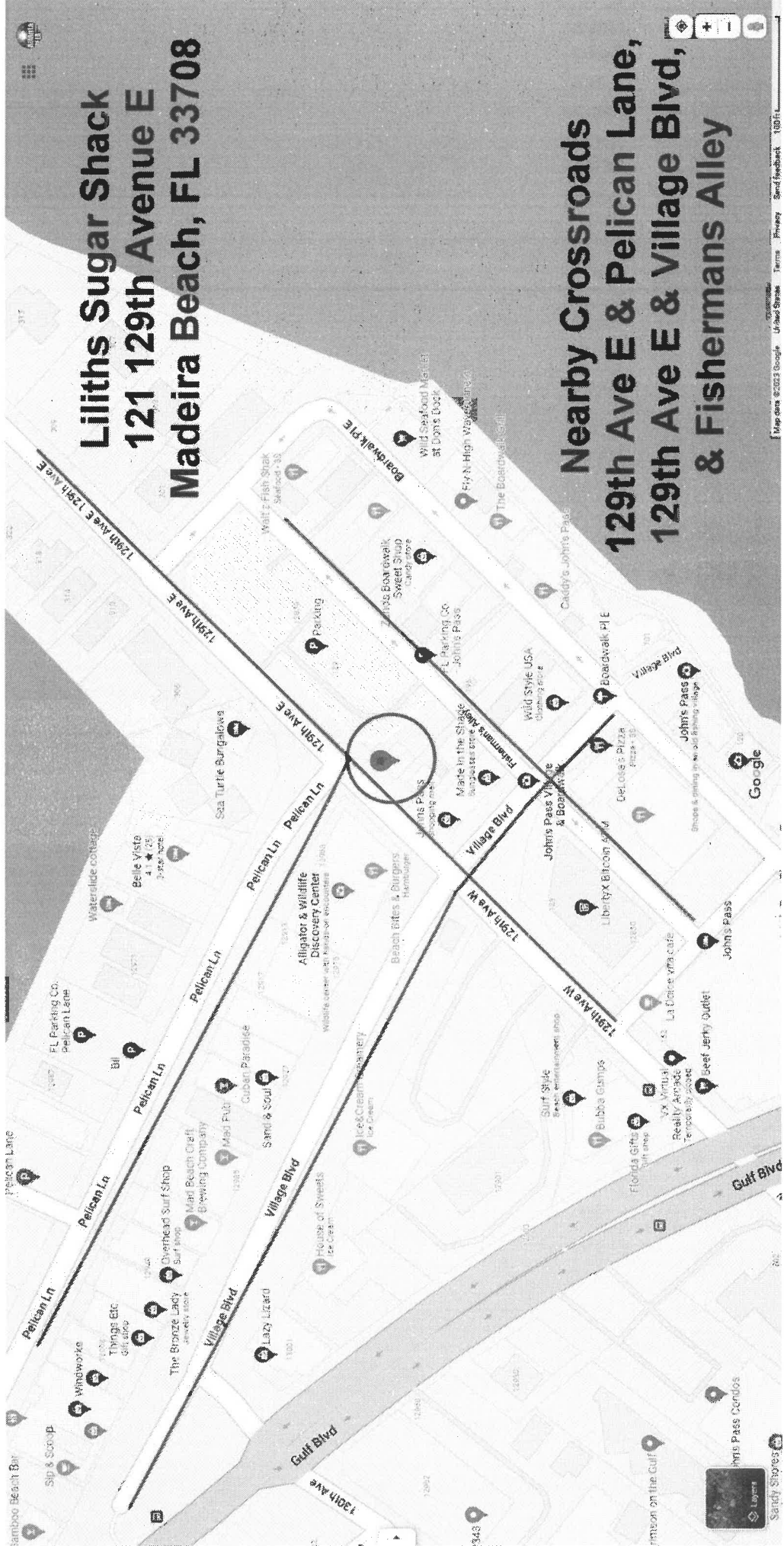
Layers

Google

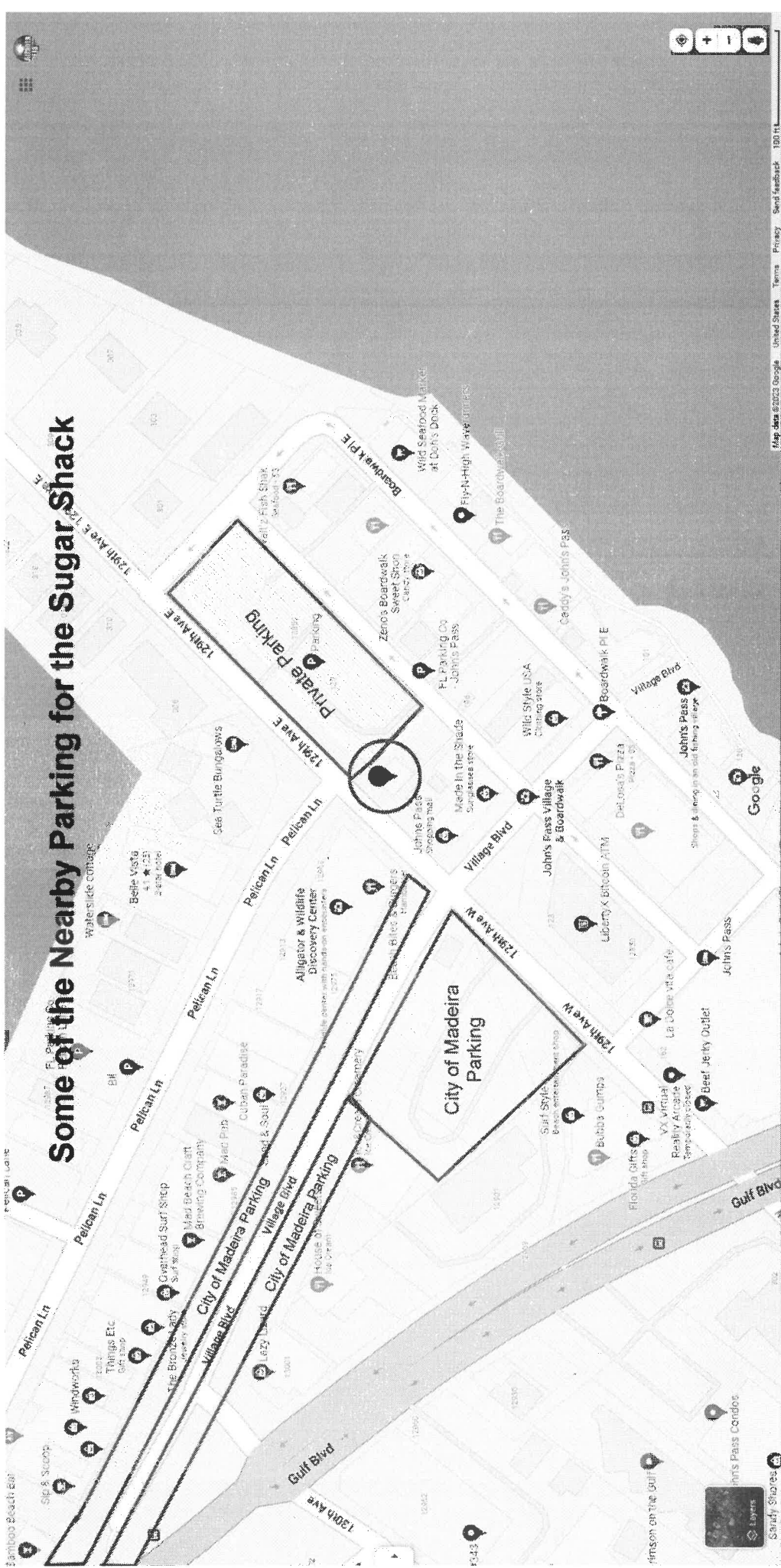
Layers

**Liliths Sugar Shack**  
**121 129th Avenue E**  
**Madeira Beach, FL 33708**

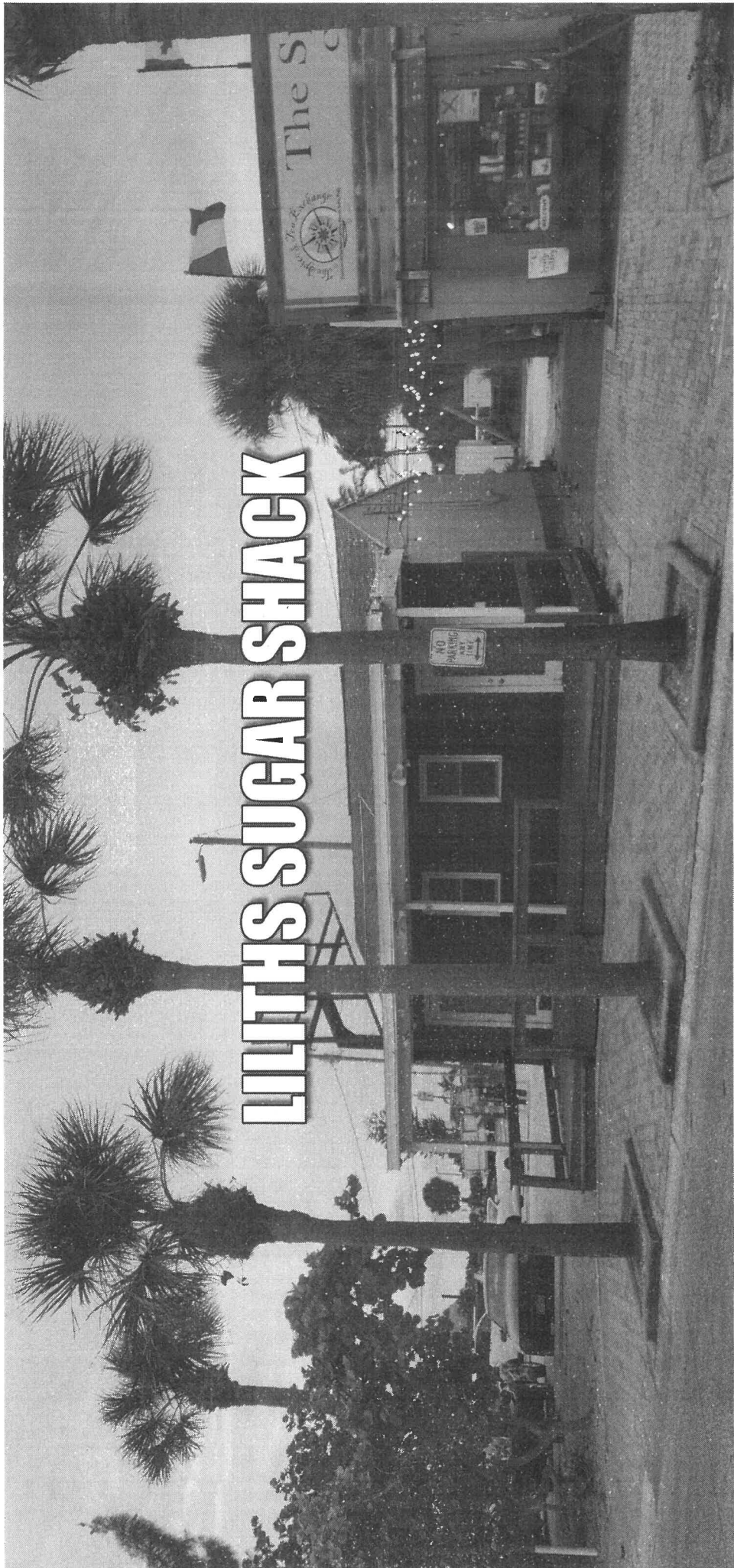
**Nearby Crossroads**  
**129th Ave E & Pelican Lane,**  
**129th Ave E & Village Blvd,**  
**& Fishermans Alley**



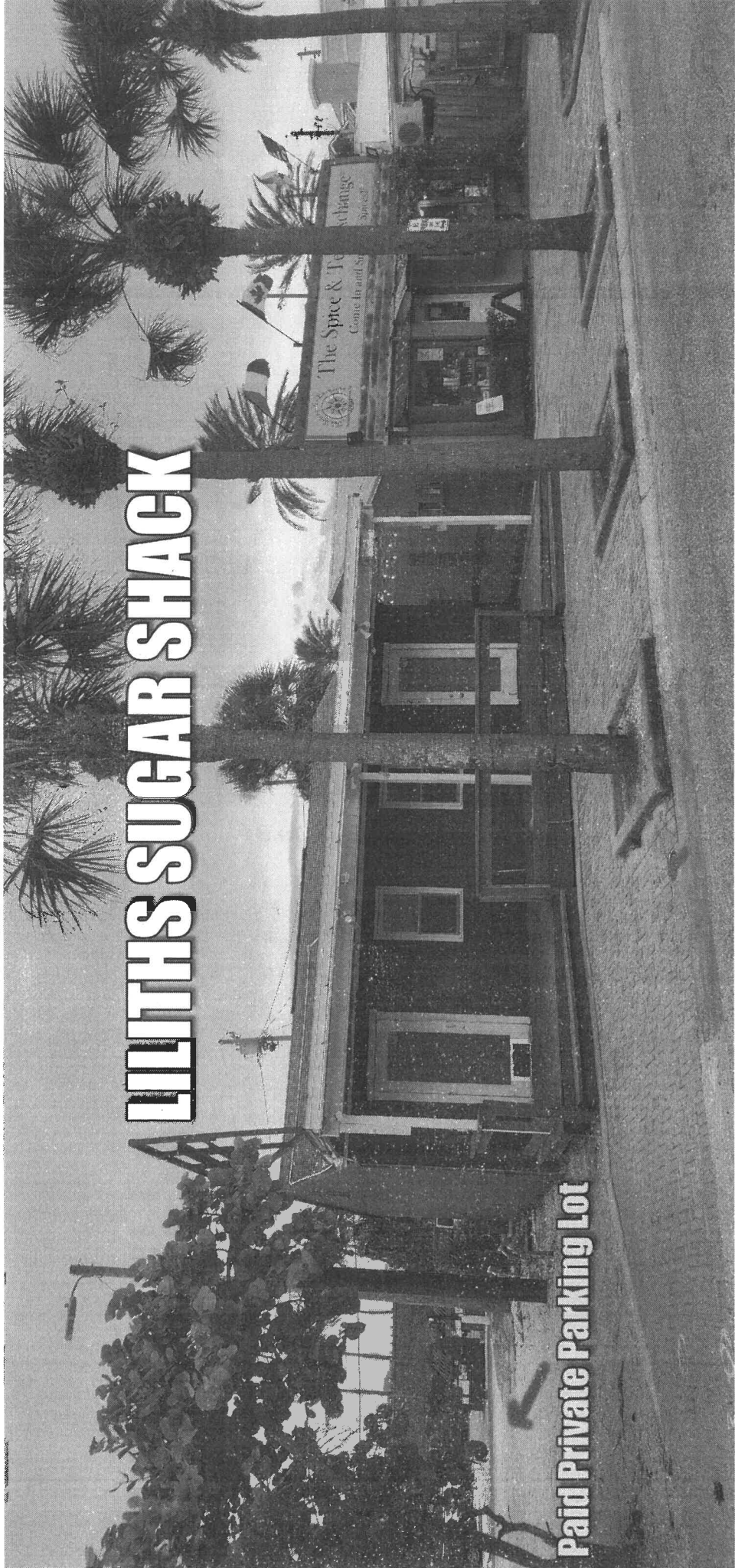
# Some of the Nearby Parking for the Sugar Shack





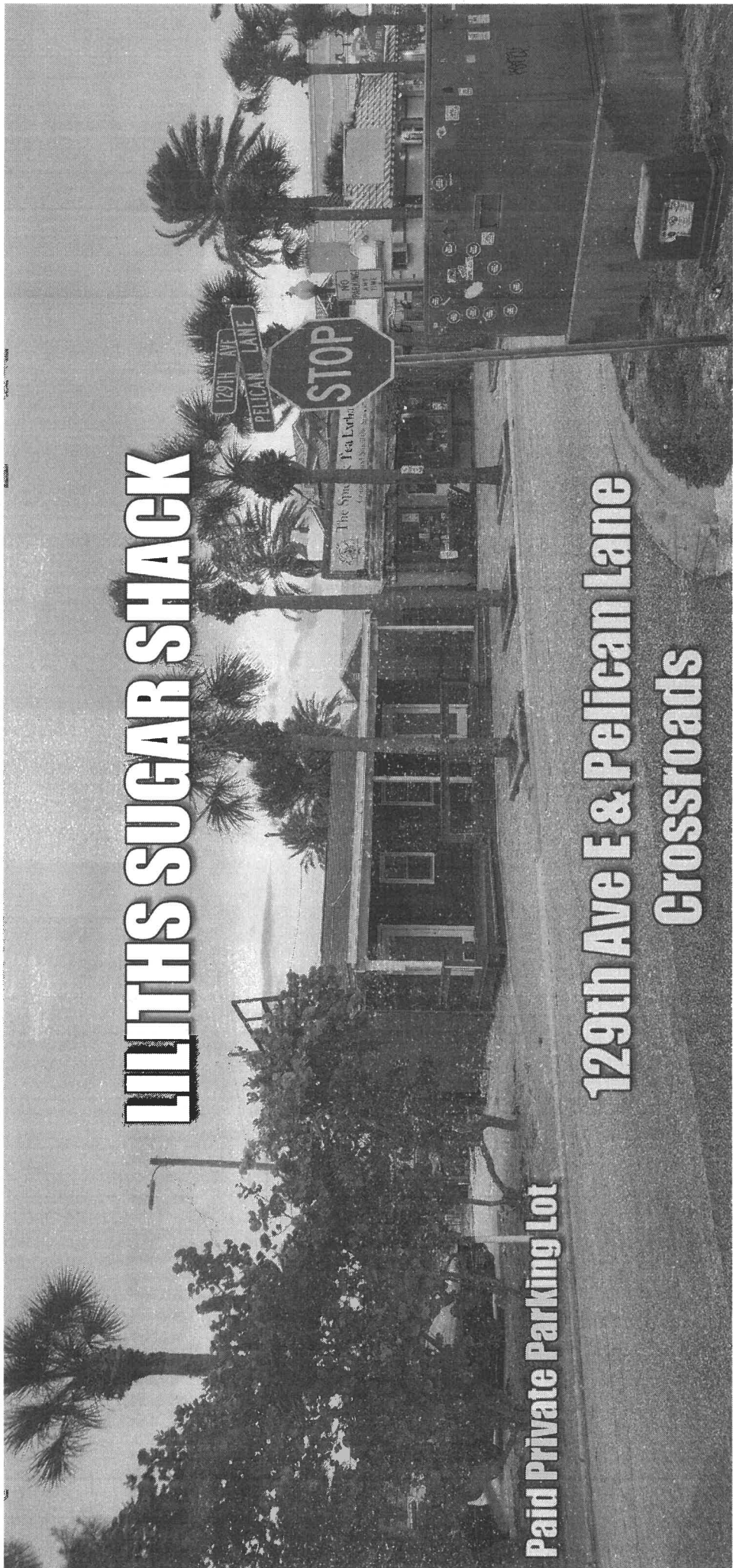


# LILITHS SUGAR SHACK



# LILITHS SUGAR SHACK

Paid Private Parking Lot



# LILITHS SUGAR SHACK

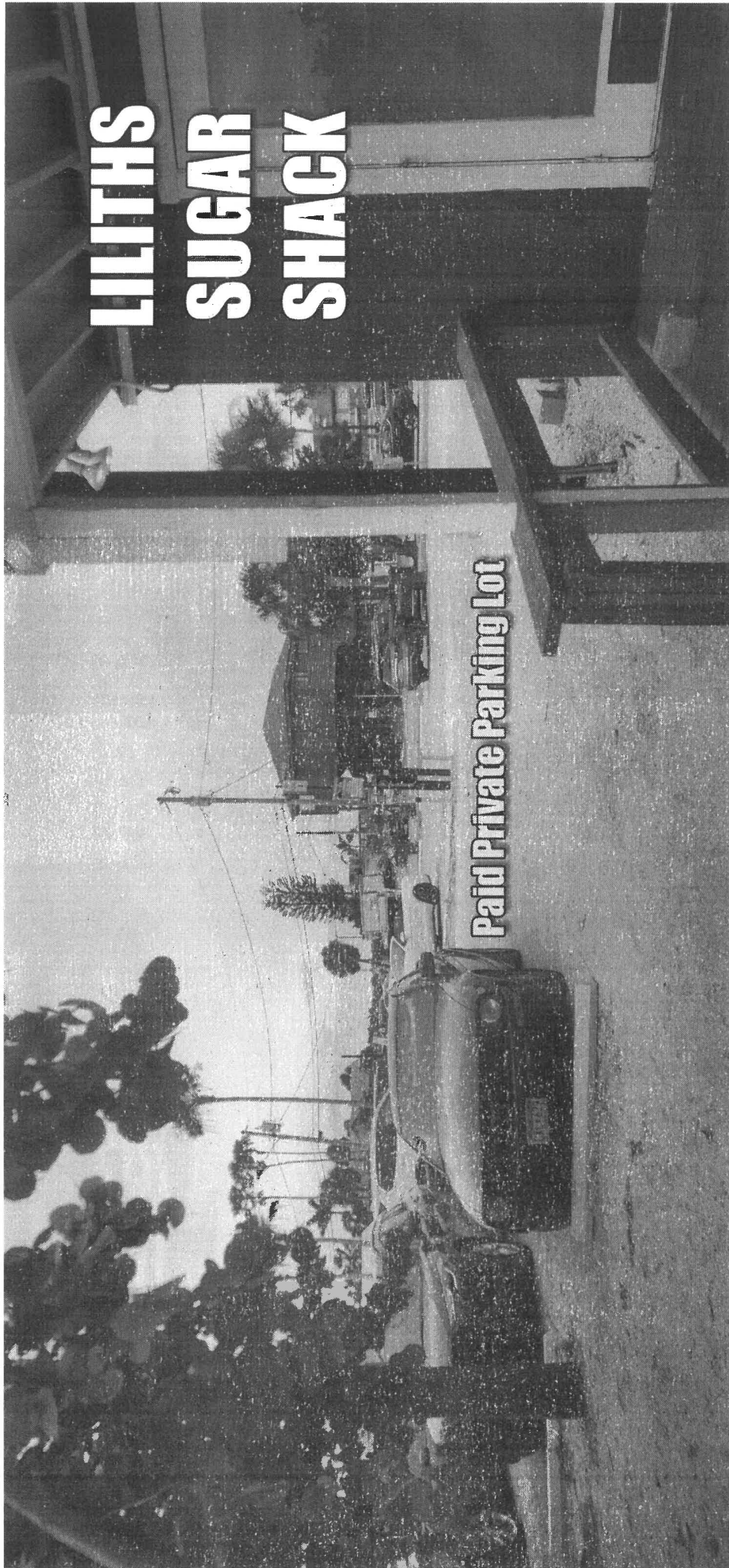
**Paid Private Parking Lot**

**129th Ave E & Pelican Lane  
Crossroads**



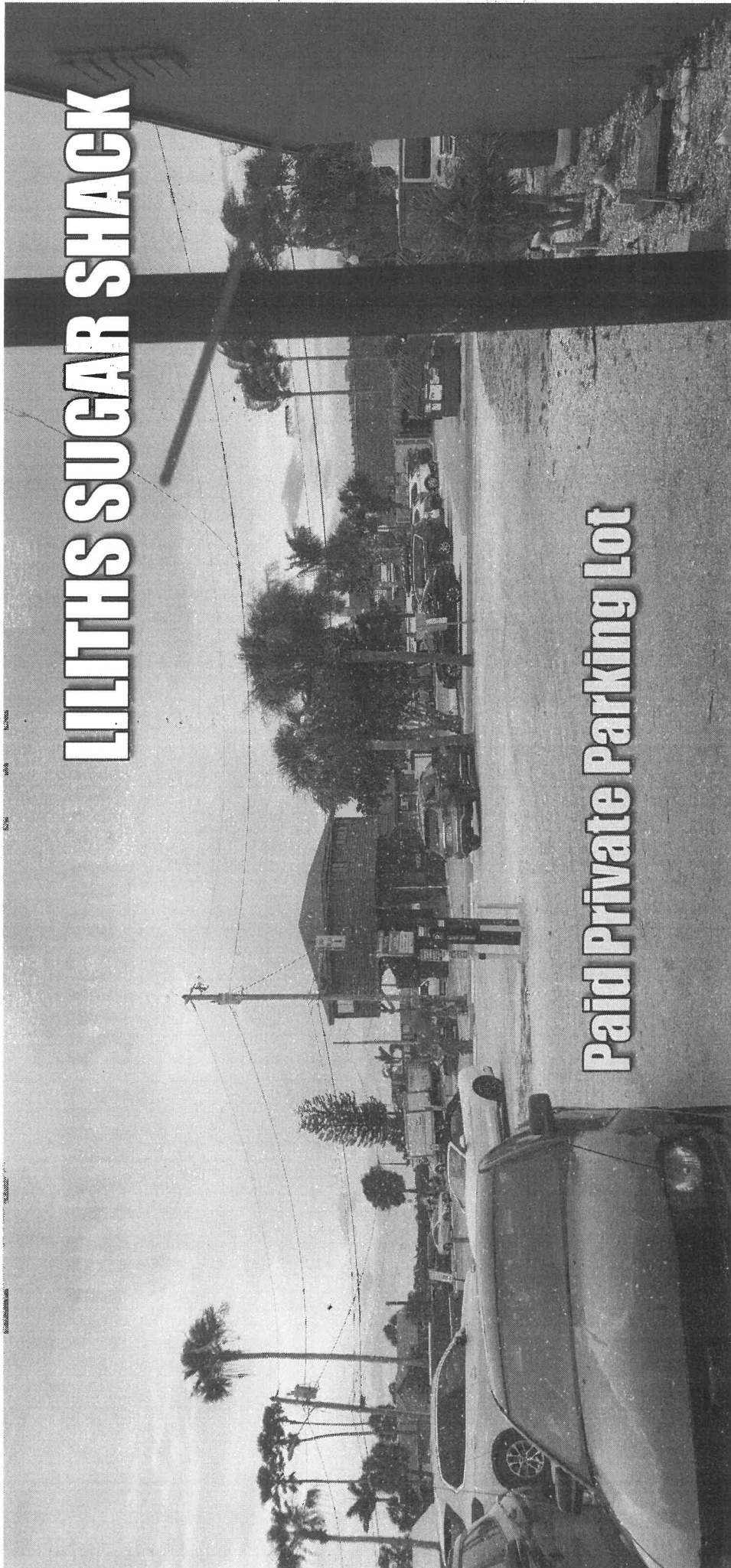
# LILITHS SUGAR SHACK

Paid Private Parking Lot



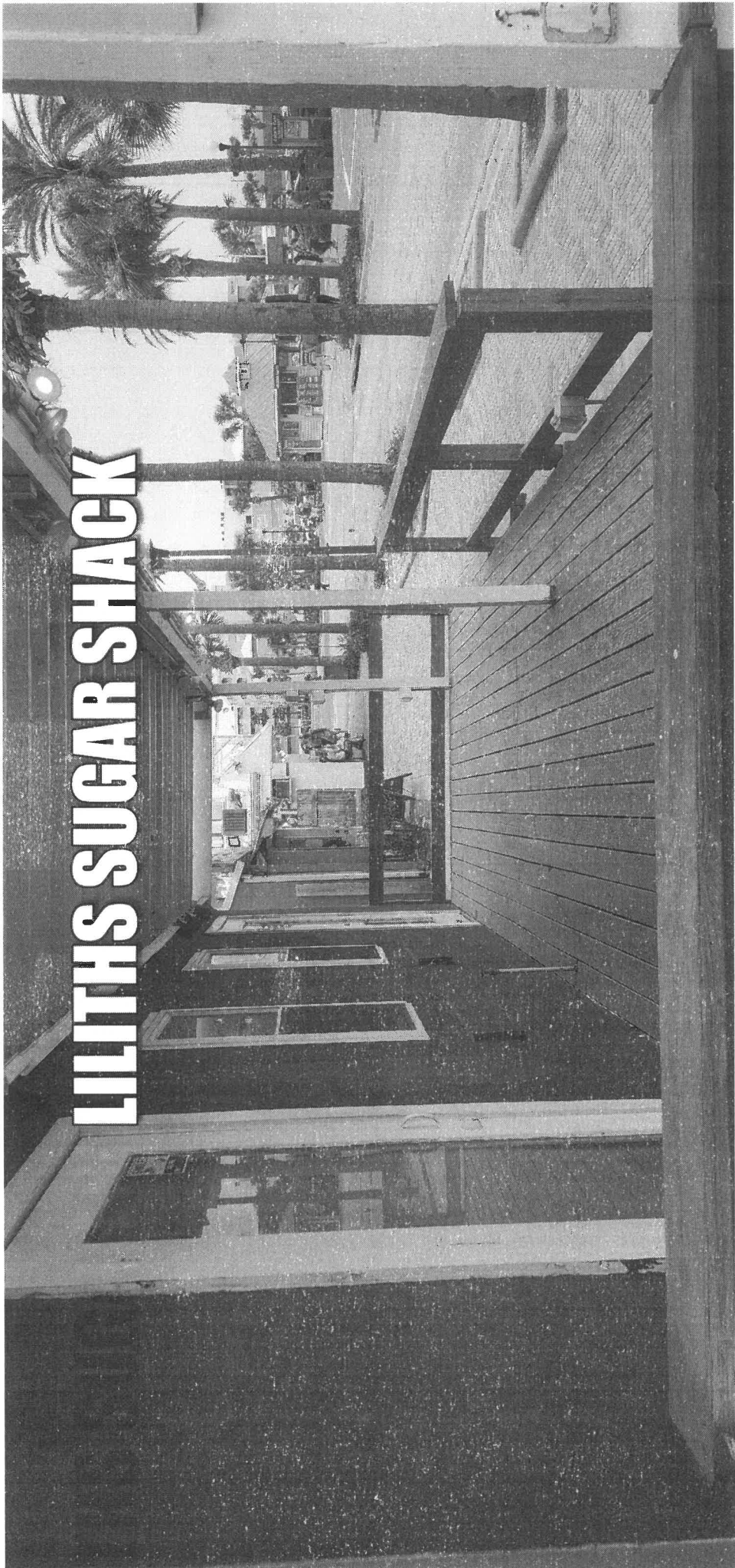
# LILITHS SUGAR SHACK

Paid Private Parking Lot

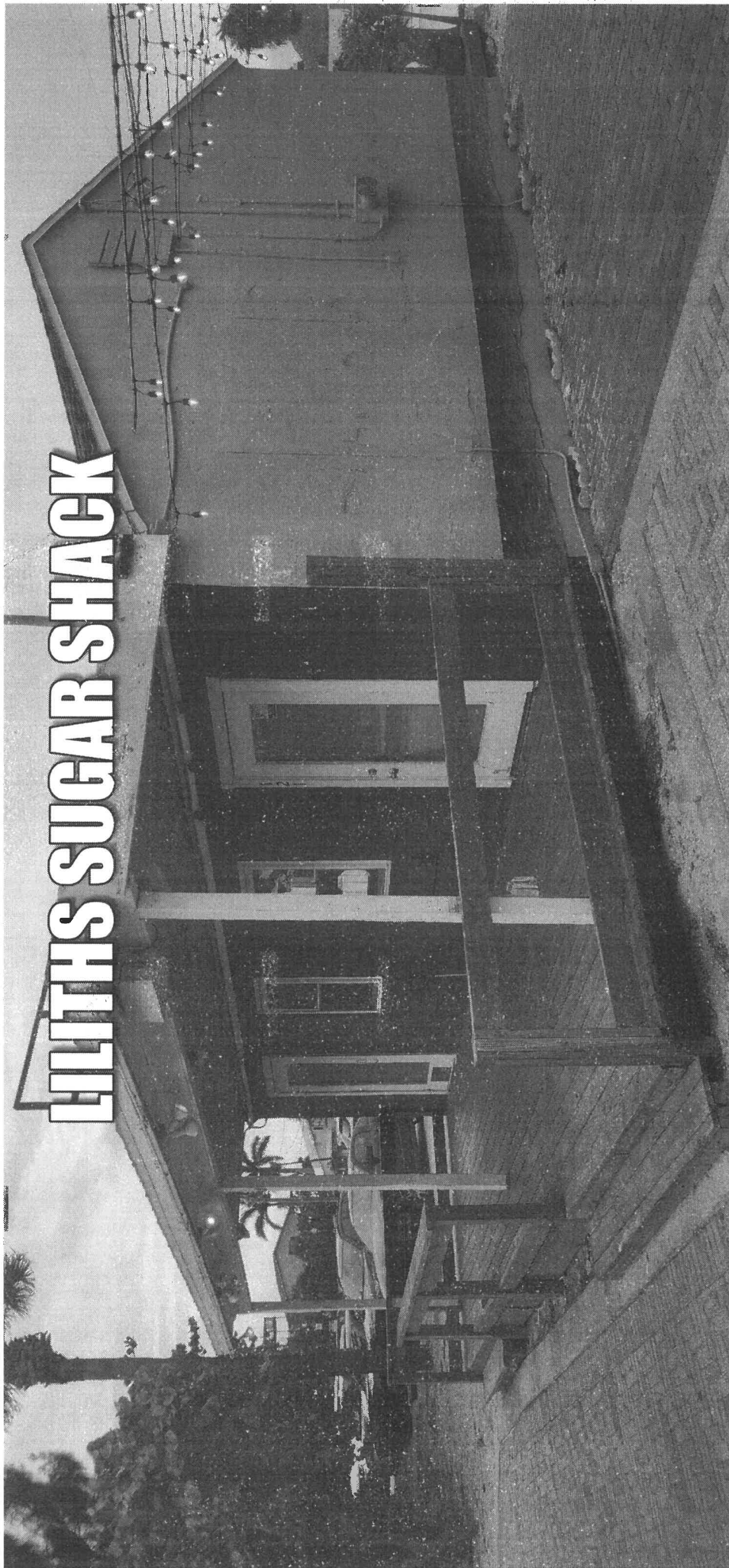




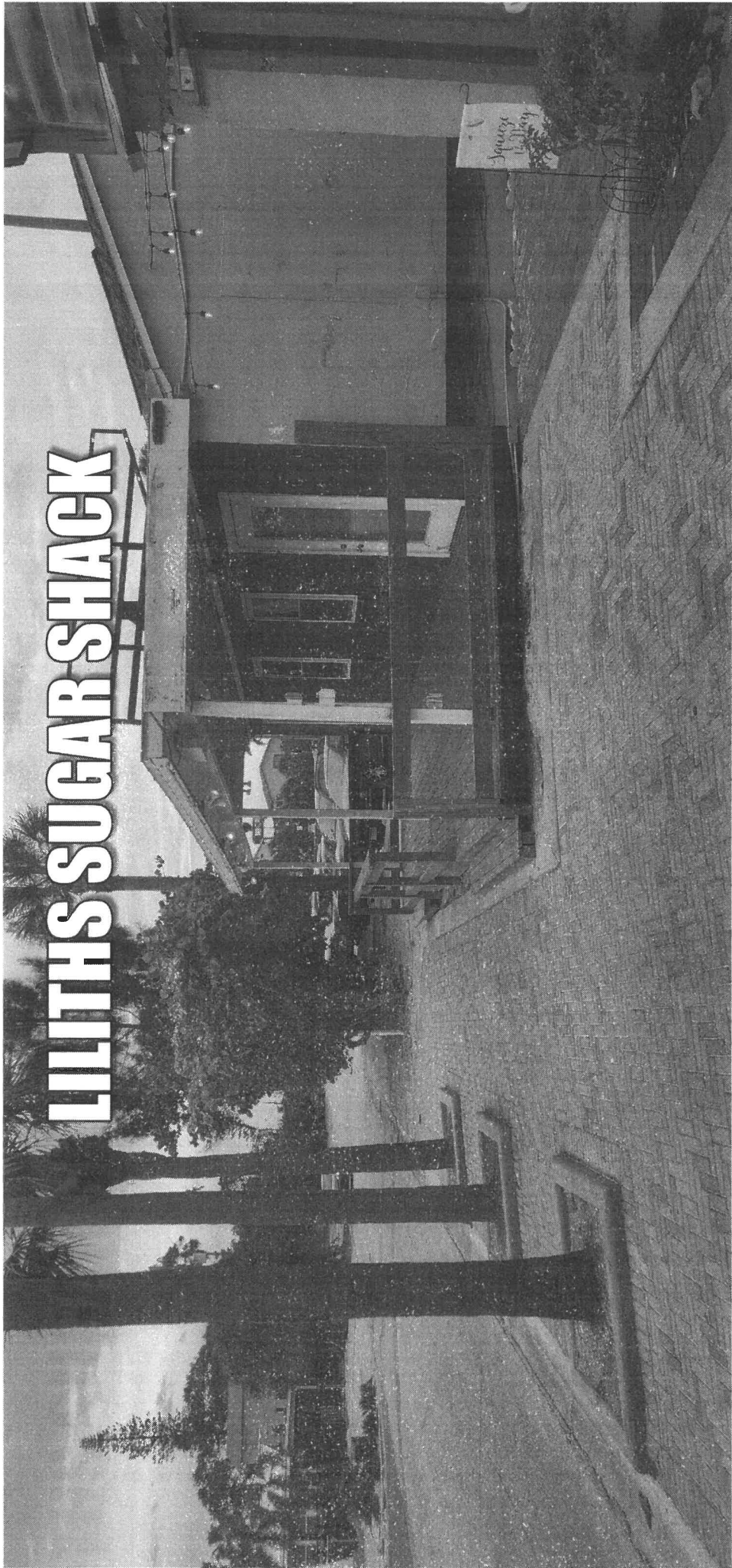
# LILITHS SUGAR SHACK



# LILITHS SUGAR SHACK



# LILITHS SUGAR SHACK





# LILITHS SUGAR SHACK

