



EXTENDED HOURS LICENSE RENEWAL APPLICATION

Business Name: _____

Business Location (Address): _____
Sunrise, Florida _____ (zip code)

Business Mailing Address: _____

Contact Name: _____

Telephone No.: _____ Cell No.: _____ Fax No.: _____

Email Address: _____

Original License Approval Date: _____ Resolution No.: _____

1. Describe any change in use of the facility since the last Extended Hours License was issued. If none, write “no change” in the space provided below.

2. Describe any change in hours of operation of the facility since the last Extended Hours License was issued. If none, write “no change” in the space provided below.

3. Describe any change in ownership and/or management personnel of the facility since the last Extended Hours License was issued. If none, write “no change” in the space provided below.

4. Attach a completed criminal background check authorization form for **each** new owner/manager. Include a check for the applicable fee for **each** authorization form.

5. Indicate current staffing and minimum hours for off-duty police or security officers.

6. Describe any change in security measures since the last Extended Hours License was issued.

7. 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 a list of current employees and records of all employee training since the last Extended Hours License was issued which satisfies the State of Florida Responsible Vendor Act.

8. Licensee must continue to comply with terms of original license approval (City Commission Resolution) and with Section 3-11 of City Code (including posting signs for free taxicab/towing and maximum capacity and conducting a “last call” 15 minutes before closing).

Check here to confirm compliance with the original license approval and Section 3-11.

9. Include a check for the application renewal review fee made out to The City of Sunrise or pay in person by cash or credit card (Visa, MasterCard or Discover).

By signing this Extended Hours License Renewal Application form I attest that all information contained herein is true.

Business Name

Sign Name

Date

Print Name of person authorized to sign for Business

Title

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 _____,
County of _____:

Sworn and subscribed to before me, a Notary Public, by _____, this
_____ day of _____, 20____, who is either personally known to me or who has
produced _____
as identification.

My Commission Expires:

Notary Public for the State of Florida

Print Name

**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 _____,
County of _____:

Sworn and subscribed to before me, a Notary Public, by _____, this _____ day of _____, 20____, who is either personally known to me or who has produced _____ as identification.

My Commission Expires: _____
Notary Public for the State of

Print Name

**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 _____,
County of _____:

Sworn and subscribed to before me, a Notary Public, by _____, this _____ day of _____, 20____, who is either personally known to me or who has produced _____ as identification.

My Commission Expires:

Notary Public for the State of

Print Name

