



## **APPLYING FOR AN EXTENDED RETAIL SALES AND SERVICES HOURS LICENSE**

### **APPLICATION**

An application may be picked up at Weston City Hall, 17200 Royal Palm Boulevard, Weston; or Weston Planning & Zoning, c/o Calvin, Giordano & Associates, Inc., 1800 Eller Drive, Suite 600, Fort Lauderdale. Please contact City of Weston Planning and Zoning Administrator prior to filing the application at 954-921-7781.

### **SUBMITTAL**

- Refer to §82.01 of the City of Weston Code of Ordinances at [www.westonfl.org](http://www.westonfl.org).
- Applications shall be submitted to City of Weston Planning & Zoning, c/o Calvin, Giordano & Associates, Inc.
- A check payable to the City of Weston, in the amount of \$150.00 representing the non-refundable license fee, must be submitted with your application.

### **CITY OF WESTON CITY HALL**

17200 Royal Palm Boulevard  
Weston, Florida 33326  
954-385-2000  
954-385-2010/fax

### **CITY OF WESTON PLANNING & ZONING DEPARTMENT**

c/o Calvin, Giordano & Associates, Inc.  
1800 Eller Drive, Suite 600  
Fort Lauderdale, Florida 33316  
954-921-7781  
954-921-8807/fax



## EXTENDED RETAIL SALES AND SERVICES HOURS LICENSE APPLICATION

PURSUANT TO CODE OF ORDINANCES §82.01

Name of Establishment \_\_\_\_\_

Establishment Address \_\_\_\_\_

Type of Retail Sales and Service Business

Check One:  Automotive  Contractors  Education  Entertainment/Recreation/Fitness  Financial Services

Food/Beverage Services  Gas Station/Convenience Store  Professional Services  Residential/Hotels and Motels

Restaurant/Drive-thru  Retail/Wholesale  Services/Business and Personal  Other \_\_\_\_\_

Current Hours of Operation of Business \_\_\_\_\_

Requested Hours of Operation of Business \_\_\_\_\_

Establishment Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Facsimile No. \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Facsimile No. \_\_\_\_\_

Name of Property Owner (If different than Establishment Owner) \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Facsimile No. \_\_\_\_\_

Please attach copies of all applicable documents:

Certificate of Use  City of Weston Business Tax License  Broward County Business Tax License

Indicate whether the following noise generating activities may occur at the site during the extended operating hours:

- Amplified music     Chillers/AC units     Delivery trucks of any kind     External property maintenance of any kind
- External speakers of any kind     Garbage collection/compactors     Other \_\_\_\_\_

Describe other noise generating activities, which will or may occur on the site during the extended operating hours periods that are not identified above. *Failure to identify such activities could result in violation of the Extended Retail Sales and Services Hours License.*

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*Once issued, the license shall be valid until September 30<sup>th</sup> of the fiscal year in which the license is issued. Thereafter, the license must be renewed annually. The original Extended Retail Sales and Services Hours License must be conspicuously displayed within 10 feet of the main entrance at all times. Such license shall not be transferable.*

*The Applicant acknowledges that issuance of an Extended Retail Sales and Services Hours License does not exempt the Applicant/Licensee from compliance with other applicable City of Weston Codes, federal, state, and local statutes, laws, ordinances, rules, or regulations.*

*I certify that I have read the requirements and the information I have provided is accurate and true.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.  
(name of person)

\_\_\_\_\_  
NOTARY PUBLIC, State of Florida

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_.

Type of identification produced \_\_\_\_\_.

**BROWARD SHERIFF'S OFFICE USE ONLY**

Are there any pending code enforcement violations against the property and/or business?  Yes  No If yes, please indicate

Has there been any law enforcement activity on the site during prior 12 months (briefly list incidents and dates of occurrences)

\_\_\_\_\_  
*Deputy's Signature*

\_\_\_\_\_  
*Date*

**PLANNING AND ZONING DEPARTMENT USE ONLY**

**SITE PLAN APPROVAL**

Date \_\_\_\_\_ Resolution No. \_\_\_\_\_

Amount of Parking Required \_\_\_\_\_ Amount of Parking Provided \_\_\_\_\_

Other Businesses on same site that operate between 1:00 a.m. and 5:00 a.m. and hours they are permitted to operate (include square footage) \_\_\_\_\_

**APPROVED DAYS/HOURS OF EXTENDED OPERATION** \_\_\_\_\_

**CONDITIONS OF ISSUANCE OF LICENSE DURING EXTENDED OPERATING HOURS:**

- No Garbage Pick-Up     No Horn Blowing     Doors must be closed when not being used     Additional Security  
 Other (specify) \_\_\_\_\_

**EXTENDED RETAIL SALES AND SERVICES HOURS LICENSE APPROVED**

\_\_\_\_\_  
*Planning and Zoning Department*

\_\_\_\_\_  
*Date Approved*

\_\_\_\_\_  
*Broward Sheriff's Office*

\_\_\_\_\_  
*Date Approved*

\_\_\_\_\_  
*City Manager*

\_\_\_\_\_  
*Date Approved*