



## APPLYING FOR AN EXTENDED OPERATING HOURS PERMIT

### 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 permit 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 OPERATING HOURS PERMIT 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 Receipt  Broward County Business Tax Receipt



**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 PERMIT DURING EXTENDED OPERATING HOURS:**

No Garbage Pick-Up    No Horn Blowing    Doors must be closed when not being used    Additional Security

Other (specify) \_\_\_\_\_

**EXTENDED OPERATING HOURS PERMIT APPROVED**

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

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

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

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

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

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