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.
- 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 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
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 Operating Hours Permit.

Once issued, the permit shall be valid until September 30th of the fiscal year in which the permit is issued. Thereafter, the permit must be renewed annually. The original Extended Operating Hours Permit must be conspicuously displayed within 10 feet of the main entrance at all times.

The Applicant acknowledges that issuance of an Extended Operating Hours Permit does not exempt the Applicant 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)

Personally known _____ or produced identification ______.

Type of identification produced ________________________.
Deputy's Signature

Date

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