



# WILTON MANORS, *Island City*

2020 WILTON DRIVE, WILTON MANORS, FLORIDA 33305

## COMMUNITY DEVELOPMENT SERVICES

(954) 390-2180 FAX: (954) 567-6069

*Life's Just Better Here*

### SPECIFIC USE PERMIT APPLICATION

### Request for Extension of Hours to Serve/Sell Alcohol

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Additional Numbers: \_\_\_\_\_

Date(s) of Use: \_\_\_\_\_ Time(s) of Extension: \_\_\_\_\_  
(Limit 3)

Location: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Title/Description of Activity/Event: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_ Payment Received: \_\_\_\_\_

Has the Business been granted prior extensions? \_\_\_\_\_ When? \_\_\_\_\_

The following activities, arrangements and conditions have been approved and agreed upon:

Extension of hours to sell alcohol (specify dates and times) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All rules, regulations and Ordinances of the City of Wilton Manors, including but not limited to those Code of Ordinance provisions which govern sale and/or service of alcohol and noise reductions, must be complied with. As the Permittee, I understand that I am responsible for the actions of the organizations and that this Permit may be revoked at any time for noncompliance with City rules, regulations and ordinances.**

Business Name: \_\_\_\_\_

By: \_\_\_\_\_

Authorized Representative

Print Name and Title

Date

Community Development Services Department Comments:

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REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Community Development Services Director

Police Department Comments:

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REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Police Chief

Other Comments:

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REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

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