

CITY OF CORAL GABLES

- MEMORANDUM -

RECEIVED
OCT 25 2018
CITY MANAGER'S

TO: Peter Iglesias 
City Manager

FROM: Ramon Trias, AIA AICP LEED AP 
Assistant Director of Development Services for Planning and Zoning

DATE: October 24, 2018

SUBJECT: Cigar Cellar of Miami, LLC

Cigar Cellar of Miami located at 1557 Sunset Drive has requested the ability to sell beer and wine for consumption on premise. Cigar Cellar is a tobacco retailer, a nonrestaurant facility. Per Section 6-4(a)(4) of the City Code, a nonrestaurant facility must receive approval from the City Commission after administrative review from the City Manager and meet the requirements set forth in the City Code:

1. *That the nonrestaurant facility shall have a valid certificate of use and occupational license.*
2. *The sale of alcoholic beverages and intoxicating liquors shall be only incidental to the primary function of the facility.*
3. *Permanent bars or counters with a surface area not exceeding 45 square feet shall be permitted.*
4. *Total receipts from the sale of alcoholic beverages and intoxicating liquors shall not exceed 25 percent of the total annual gross receipts of any nonrestaurant facility. It shall be the responsibility of the nonrestaurant facility to maintain records open for inspection by the city to demonstrate compliance with this requirement.*
5. *Nonrestaurant facilities holding a state retail beverage or retail liquor store license shall always be subject to inspection by the city manager or his or her designee for the purpose of determining that such nonrestaurant facilities are in compliance with the existing requirements.*

Staff has reviewed the application and it complies with the requirements of the code. In order to obtain license from the state to be able to sell beer and wine for consumption on premise (2COP), the Applicant is requesting your review and approval by the City Commission.

Attachment:

- A. Letter of intent
- B. Certificate of Use
- C. Floor Plan

c: Suramy Cabrera, Development Services Director

Guilford & Associates, P.A.
Attorneys at Law

F.W. ZEKE GUILFORD
E-MAIL: ZGUILFORD@GUILFORDASSOC.COM

400 UNIVERSITY DRIVE
SUITE 201
CORAL GABLES, FLORIDA 33134
TEL (305) 446-8411
FAX (305) 445-0563

September 25, 2018

Mr. Ramon Tria
Planning Director, City of Coral Gables
427 Biltmore Way
Coral Gables, Fla. 33134

RE: **Cigar Cellar of Miami, LLC/1557 Sunset Drive, Miami, Fla.**

Dear Mr. Tria:

Enclosed please find State of Florida Department of Business and Professional Regulation Application to allow the sale of Alcoholic Beverages at the above referenced business. Kindly sign where indicated. Please let me know when is ready and I will pick it up from your office.

If you have any questions, please do not hesitate to contact me.

Thanking you for your courtesies in this regard, I remain

Very sincerely,
Guilford & Associates, P.A.

BY:


F.W. ZEKE GUILFORD

**DBPR ABT-6001 – Division of Alcoholic Beverages and Tobacco
Application for New Alcoholic Beverage License**

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**DBPR Form
ABT-6001
Revised 08/2013**

If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco's (AB&T) local district office. Please submit your completed application and required fee(s) to your local district office. This application may be submitted by mail, through appointment, or it can be dropped off. A District Office Address and Contact Information Sheet can be found on AB&T's web site at the link provided below:

http://www.myflorida.com/dbpr/abt/district_offices/licensing.html

SECTION 1 - CHECK LICENSE CATEGORY				
License Series Requested 2COP	Type/Class Requested COP	Do you wish to purchase a Temporary License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Child License Requested	Number of Child Licenses Requested			
<input checked="" type="checkbox"/> Retail Alcoholic Beverages	<input type="checkbox"/> Alcoholic Beverage Manufacturer			
<input type="checkbox"/> Beer/Wine/Liquor Wholesaler	<input type="checkbox"/> Passenger Waiting Lounge			
<input type="checkbox"/> Retail Tobacco Products Dealer Permit (must check one or more of the below)				
<input type="checkbox"/> Pipes <input type="checkbox"/> Over the Counter <input type="checkbox"/> Vending Machine				
SECTION 2 – LICENSE INFORMATION				
If the applicant is a corporation or other legal entity, enter the name and the document number as registered with the Florida Department of State Division of Corporations on the line below.				
FEIN Number 82-2390063	Business Telephone Number 305-381-0458	E-Mail Address (Optional) albroche@gmail.com		
Full Name of Applicant(s): (This is the name the license will be issued in) Cigar Cellar of Miami, LLC				Department of State Document # L17000166840
Business Name (D/B/A) Cigar Cellar of Miami				
Location Address (Street and Number) 1557 Sunset Dr				
City Coral Gables	County Miami-Dade	State FL	Zip Code 33143	
Mailing Address (Street or P.O. Box) 6740 SW 53 St				
City Miami		State FL	Zip Code 33155	
Contact Person - This section is optional, see application instructions for details				
Contact Person Alejandro Broche		Telephone Number 305-606-4059 ext.		
E-Mail Address (Optional) albroche@gmail.com				
Mailing Address (Street or P.O. Box) 6740 SW 53 St				
City Miami		State FL	Zip Code 33155	

ABT District Office Received Date Stamp

SECTION 3 – RELATED PARTY PERSONAL INFORMATION

This section must be completed for each person directly connected with the business, unless they are a current licensee.

1.	Business Name (D/B/A) Cigar Cellar of Miami					
2.	Full Name of Individual Jessica Cruz					
	Social Security Number* 590-05-3961			Home Telephone Number 305-972-0008		Date of Birth 08/06/1979
	Race Hispanic	Sex Female	Height 5'5	Weight 170	Eye Color Brown	Hair Color Brown
3.	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:					
4.	Home Address (Street and Number) 6740 SW 53rd Street					
	City Miami				State FL	Zip Code 33155
5.	Do you currently own or have an interest in any business selling alcoholic beverages, wholesale cigarette or tobacco products, or a bottle club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Business Name (D/B/A)				License Number	
	Location Address					
6.	Have you had any type of alcoholic beverage , or bottle club license, or cigarette, or tobacco permit refused, revoked or suspended anywhere in the past 15 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Business Name (D/B/A)				Date	
	Location Address					
7.	Have you been convicted of a felony within the past 15 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					
8.	Have you been convicted of an offense involving alcoholic beverages or tobacco products anywhere within the past 5 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					

9. Have you been arrested or issued a notice to appear in any state of the United States or its territories within the past 15 years? Yes No
 If yes, provide the information requested below and a **Copy of the Arrest Disposition**.
Attach additional sheet if necessary.

Date	Location
Type of Offense	

10. Do you meet the standards of the moral character rule?
 Yes No

11. Are you an officer or employee of the Division of Alcoholic Beverages and Tobacco; are you a sheriff or other state, county, or municipal officer, including reserve or auxiliary officers, certified by the state as such, with arrest powers, whose certification is current and active?
 Yes No

NOTARIZATION STATEMENT

"I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes, that I have fully disclosed any and all parties financially and or contractually interested in this business and that the parties are disclosed in the Disclosure of Interested Parties of this application. I further swear or affirm that the foregoing information is true and correct."

STATE OF Florida

COUNTY OF Miami-Dade



 APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged before me this 24th Day of September, 2018, By Jessica Cruz who is () personally
 (print name of person making statement)

known to me OR () who produced _____ as identification.



 Notary Public

Commission Expires: _____ Jonathan J. Alfonso



COMMISSION #FF46888
 EXPIRES: July 8, 2019
 WWW.AARONNOTARY.COM

(ATTACH ADDITIONAL COPIES AS NECESSARY)

***Social Security Number**

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L. 193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(I). This information is used to identify licensees for tax administration purposes. This information is used to identify licensees for tax administration purposes, and the division will redact the information from any public records request.

**SECTION 4 – DESCRIPTION OF PREMISES TO BE LICENSED
TO BE COMPLETED BY THE APPLICANT**

Business Name (D/B/A)

1.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Is the proposed premises movable or able to be moved?
2.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Is there any access through the premises to any area over which you do not have dominion and control?
3.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Is the business located within a Specialty Center? If yes, check the applicable statute: <input type="checkbox"/> 561.20(2)(b)1, F.S. or <input type="checkbox"/> 561.20(2)(b)2, F.S.
4.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Are there any mobile vehicles used to sell or serve alcoholic beverages?
5.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Are there more than 3 separate rooms or enclosures with permanent bars or counters?

Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show the details of each floor.

SECTION 5 – APPLICATION APPROVALS			
Full Name of Applicant: (This is the name the license will be issued in) Cigar Cellar of Miami, LLC			
Business Name (D/B/A) Cigar Cellar of Miami			
Street Address 1557 Sunset Dr			
City Coral Gables	County Miami-Dade	State FL	Zip Code 33143

ZONING TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION	
<p>A. The location complies with zoning requirements for the sale of alcoholic beverages or wholesale tobacco products pursuant to this application for a Series: _____ Type: _____ license.</p> <p>B. This approval includes outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed and are identified on the sketch?" <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Check either: Please do not skip, this is important for license fee sharing <input type="checkbox"/> Location is within the city limits or <input type="checkbox"/> Location is in the unincorporated county</p>	
<p>Signed _____ Date _____</p> <p>Title _____ This approval is valid for ____ days.</p>	

SALES TAX TO BE COMPLETED BY THE DEPARTMENT OF REVENUE	
<p>The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax.</p> <p>1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns appear to have been paid through the period ending _____ or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 213.758 (4), F.S. (Not applicable if no transfer involved).</p> <p>2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due.</p>	
<p>Signed _____ Date _____</p> <p>Title _____ Department of Revenue Stamp</p> <p>This approval is valid for ____ days.</p>	

HEALTH TO BE COMPLETED BY THE DIVISION OF HOTELS AND RESTAURANTS OR COUNTY HEALTH AUTHORITY OR DEPARTMENT OF HEALTH OR DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES	
<p>The above establishment complies with the requirements of the Florida Sanitary Code.</p>	
<p>Signed _____ Date _____</p> <p>Title _____ Agency _____</p> <p>This approval is valid for ____ days.</p>	

SECTION 6 – APPLICANT ENTITY FELONY CONVICTION

Business Name (D/B/A)
Cigar Cellar of Miami

Has the applicant entity been convicted of a felony in this state, any other state, or by the United States in the last 15 years?

Yes No

If the answer is "Yes," please list all details including the date of conviction, the crime for which the entity was convicted, and the city, county, state and court where the conviction took place.

(Attach additional sheets if necessary)

**SECTION 7 – SPECIAL LICENSE REQUIREMENTS
(DOES NOT APPLY TO BEER AND WINE LICENSES)**

Please check the appropriate box of the license for which you are applying. Fill in the corresponding requirements for the license type sought.

Quota Alcoholic Beverage License Specialty Alcoholic Beverage License (e.g. SRX, S, etc)
 Club Alcoholic Beverage License

This license is issued pursuant to _____, Florida Statutes or Special Act, and as such we acknowledge the following requirements must be met and maintained:

Please initial and date:

Applicant's Initials



Date

~~1/24/2018~~
1/24/2018

SECTION 8 – DISCLOSURE OF INTERESTED PARTIES

Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license. You MUST list all persons and entities in the entire ownership structure. To determine which of those persons must submit fingerprints and a Related Party Personal Information, sheet, see the fingerprint section in the application instructions.

Business Name (D/B/A) **Cigar Cellar of Miami**

1. When applicable, complete the appropriate section below. Attach extra sheets if necessary.

Title/Position	Name	Stock %
CORPORATION– List all officers, directors, and stockholders		

GENERAL PARTNERSHIP – List all general partners		

LIMITED LIABILITY COMPANY – List all managers (member & non-member), directors, officers, and members		
Managing Member	Jessica Cruz	100

LIMITED PARTNERSHIP – List all general and limited partners.		

LIMITED LIABILITY PARTNERSHIP – List all partners		

Bar Manager (Fraternal Organizations of National Scope only):

OTHER INTERESTS

These questions must be answered about this business for every person or entity listed as the applicant

1. Are there any persons or entities not disclosed who have loaned money to the business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Are there any persons or entities not disclosed that derive revenue from the license solely through a contractual relationship with the licensee, the substance of which is not related to the control of the sale of alcoholic beverages, or is exempt by statute or rule?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Are there any persons or entities not disclosed that have the right to receive revenue based on a contractual relationship related to the control of the sale of alcoholic beverages?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are there any persons or entities not disclosed who have a right to a percentage payment from the proceeds of the business pursuant to the lease?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Are there any persons or entities not disclosed who have guaranteed the lease or loan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Are there any persons or entities not disclosed who have co-signed the lease or loan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Is there a management contract, franchise agreement, or concession agreement in connection with this business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you or anyone listed on this application, accepted money, equipment or anything of value in connection with this business from any industry member as described in 61A-1.010, Florida Administrative Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you answered yes to any of the above questions, a copy of the agreement must be submitted with this application. The terms of the agreement may require the interested persons or parties related to an entity to submit fingerprints and a related party personal information sheet.

SECTION 9 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED

Business Name (D/B/A)
Cigar Cellar of Miami

"I, the undersigned individually, or on behalf of a legal entity, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I hereby swear or affirm that the attached sketch is a true and correct representation of the entire area and premises to be licensed and agree that the place of business, if licensed, may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for the purposes of determining compliance with the beverage and retail tobacco laws."

"I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes, that the foregoing information is true and that no other person or entity except as indicated herein has an interest in the alcoholic beverage license and/or tobacco permit, and all of the above listed persons or entities meet the qualifications necessary to hold an interest in the alcoholic beverage license and/or tobacco permit."

STATE OF Florida

COUNTY OF Miami-Dade

Jessica Cruz
APPLICANT/ AUTHORIZED REPRESENTATIVE NAME

APPLICANT/ AUTHORIZED REPRESENTATIVE SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged before me this 24th Day
of September, 20 18, By Jessica Cruz who is (✓) personally
(print name(s) of person(s) making statement)

known to me OR () who produced _____ as identification.

[Signature] Commission Expires: _____
Notary Public



Jonathan J. Alfonso
COMMISSION #FF246686
EXPIRES: July 5, 2019
WWW.AARONNOTARY.COM

SECTION 10 - CURRENT LICENSEE UPDATE DATA SHEET

This section is to be completed for all current alcoholic beverage and/or tobacco license holders listed on the application to ensure the most up to date information is captured.

Business Name (D/B/A)			
Last Name		First	M.I.
Current Alcohol Beverage and/or Tobacco License Permit/Number(s)			
Date of Birth		Social Security Number*	
Street Address			
City		State	Zip Code
Last Name		First	M.I.
Current Alcohol Beverage and/or Tobacco License Permit/Number(s)			
Date of Birth		Social Security Number*	
Street Address			
City		State	Zip Code
Last Name		First	M.I.
Current Alcohol Beverage and/or Tobacco License Permit/Number(s)			
Date of Birth		Social Security Number*	
Street Address			
City		State	Zip Code
Last Name		First	M.I.
Current Alcohol Beverage and/or Tobacco License Permit/Number(s)			
Date of Birth		Social Security Number*	
Street Address			
City		State	Zip Code
Last Name		First	M.I.
Current Alcohol Beverage and/or Tobacco License Permit/Number(s)			
Date of Birth		Social Security Number*	
Street Address			
City		State	Zip Code

Customer # : 232662
 Customer Type : Business
 Business Name : CIGAR CELLAR OF MIAMI LLC
 Doing Business As : CIGAR CELLAR OF MIAMI LLC
 Parent :
 SIC Code :
 NAICS Code :
 Business Type :
 Category : CERTIFICATE OF USE
 Status :
 Created : 8/11/2017
 Closed :
 Balance due : 0.00
 On account : 0.00
 Fed Id :
 State Id :
 Local Id :
 UBC :

Licenses

License Type	License #	Issued	Expires	Active	Primary	Last Activity	Activity Date	Activity Status	
certuse	CERTIFICATE OF USE	CU-0000019160	8/28/2018	8/27/2019	Yes	No	Renewal	8/31/2018	complt
certuse	CERTIFICATE OF USE	CU-0000019160	8/28/2018	8/27/2019	Yes	No	Application	8/28/2017	complt

Addresses

Code / Description	Location Description	Address	Phone # / Fax #
busloc	BUSINESS LOCATION	JESSICA CRUZ	1557 SUNSET RD CORAL GABLES, FL 33143-5878

Contacts

No associated contacts

Custom Fields

Field Name	Value	Code Description
BUSINESS DESCRIPTION	RETAIL CIGAR SHOP	
CONSTR YEAR	0.00	
COUNTRY BUSINESS EST		
DERM REQUIRED	N	
EXISTING ZONING	C	COMMERCIAL DISTRICT
FILE #	19160	
FOLIO #	03-4130-009-1470	
HAZARDOUS MATERIALS	N	
LEGAL DESCRIPTION	30 54 41 PB 28-32 COR GABLES RIVIERA SEC 14 2ND REV LOTS 5 & 6 & LOT 7 LESS E2.06FT & W18.15FT OF S69.29FT OF LOT 33 & LOT 34 LESS E2.06FT OF N30.71FT & ALL OF LOTS 35 & 36 BLK 205 LOT SIZE IRREGULAR	
MULTINATL COMPANY	N	
NUMBER OF EMPLOYEES	0.00	
PRIOR USE	CIGAR CELLAR & LOUNGE	
SO FOOTAGE	1,250.00	
SUITE #		
USE CLASSIFICATION	nr46	RETAIL SALES AND SERVICES

Events

Event	Date	User	Comment
certus Certificate of Use Printed	8/28/2017	system	The "Certificate of Use" form was printed.
curct CU Renewal Receipt Printed	8/28/2018	system	The "Certificate of Use Receipt" form was printed.
curren CU Renewal Printed	7/17/2018	system	The "Certificate of Use Renewal Notice" form was printed.
notes Notes	8/11/2017	karginzon	PENDING EMAIL TO SEBRINA FOR TOBACCO LICENSE AND A SCAMATIC FLOOR PLAN

Activities

License #	License Types	Activity Number	Activity Type	Activity Code/Description	Date	Status
CU-0000019160	certuse	2	Application	CU-APP CERTIFICATE OF USE APPLICATION	8/28/2017	complt
CU-0000019160	certuse	3	Renewal	CU-REN CERTIFICATE OF USE RENEWAL	8/31/2018	complt

Insurance

No associated insurance

Hazardous Material

No associated hazardous material

History

Date	Tran Type	License No	Document #	Amount	Running Balance
8/27/2018	Bill	CU-0000019160	00145350	76.13	76.13
cu-ren	CERTIFICATE OF USE RENEWAL		CERTIFICATE OF USE RENEWAL FEE	76.13	
cu-ren	CERTIFICATE OF USE RENEWAL		CERTIFICATE OF USE RENEWAL FEE	76.13	



CIGAR CELLAR
1557 SUNSET DRIVE
CORAL GABLES, FL

Signed: . . .

Project Name:

Project No.: 00000

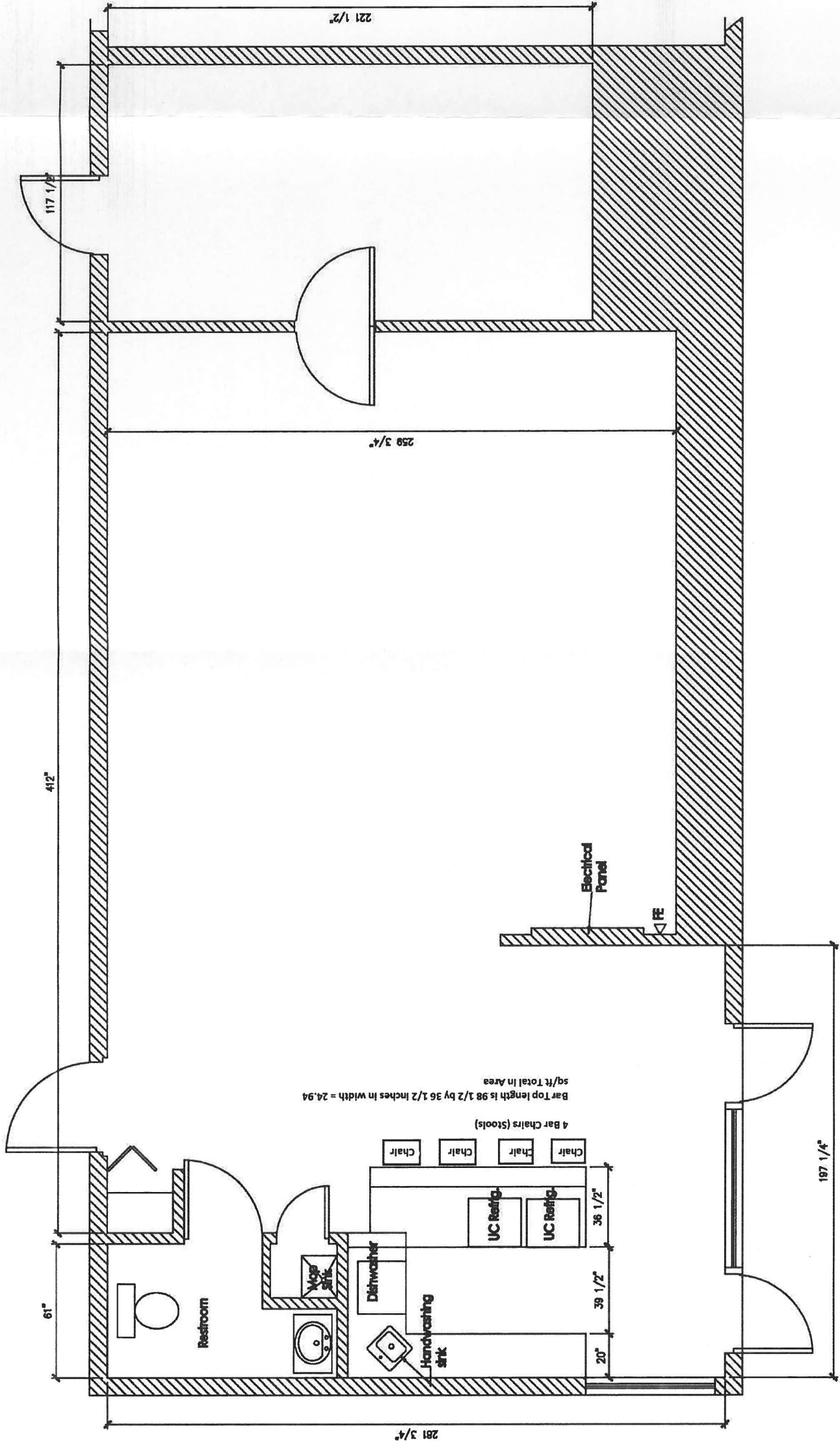
Scale: 1/4"=1'-0"

Location/Des.: . . .

Date: 01.31.18

Revisions: . . .

Sheet: 1 / 1



Customer Approval: