

**DBPR ABT-6014 – Division of Alcoholic Beverages and Tobacco Change of Location/Change
in Series or Type Application**

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

**NOTE – This form must be submitted as part of an
application packet**

*If you have any questions or need assistance in completing this application, please contact the
Department of Business and Professional Regulation or your local district office. Please submit your
completed application 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 page of the DBPR web site at the link provided below.*

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

SECTION 1 - CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Business Name
<input checked="" type="checkbox"/> Increase in Series	<input type="checkbox"/> Decrease in Series / Change in Type
Series Requested 4COP	Type Requested S

SECTION 2 - LICENSE INFORMATION			
If the applicant is a corporation or other legal entity, enter the name as registered with the Secretary of State on the line below.			
Full Name of Applicant Select Hotels Group, LLC		Corporate Document # M05000000014	
Contact Person Robert F. Lewis, Esq.		Phone Number 305-913-0349	
Current Business Name HYATT PLACE COCONUT POINT	Current License # 4606347	Series 2COP	Type
FEIN Number or Social Security Number* 202053855		Business Telephone Number () -	
Location Address 23120 VIA VILLAGIO			
City Estero	County LEE	State FL	Zip Code 33928
Check either: <input type="checkbox"/> Location is within the city limits of _____ or <input checked="" type="checkbox"/> Location is in the unincorporated county			
Mailing Address 71 S. WACKER DRIVE, 14TH FLOOR, LEGAL DEPT.			
Section / Name (Attention: – Optional) Neal Pekala			
City Chicago	State IL	Zip Code 60606	
Do you wish to change the business name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please list new name below.			
New Trade Name (D/B/A)			

RECEIVED

JUL 30 2010

ADD 2010-00062

COMMUNITY DEVELOPMENT

SECTION 3 – DESCRIPTION OF PREMISES TO BE LICENSED

Trade Name (D/B/A)

Hyatt Place Coconut Point

Street Address

23120 VIA VILLAGIO

City	Estero	County	LEE	State	FL	Zip Code	33928
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1. Yes ☐ No ☒ Is the proposed premises movable or able to be moved?
2. Yes ☐ No ☒ Is there any access through the premises to any area over which you do not have dominion and control?
3. Are there outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed? ☒ Yes ☐ No
4. 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 each floor plan.

SECTION 4 – ZONING

TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION

If this application is for issuance of an alcoholic beverage license where zoning approval is required, the zoning authority must complete "A".

- A. The location complies with zoning requirements for the sale of alcoholic beverages or wholesale tobacco products pursuant to this application for a Series 4COP S license.

Signed

Colleen Hoffman

Date

8/12/10

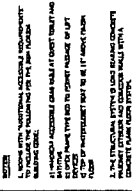
Title

Permit Rep.

COP 2010-00119

All attached drawings must also be signed by the zoning authority

*4COP-S in conjunction
with hotel in conjunction
with indoor/outdoor
seating.*



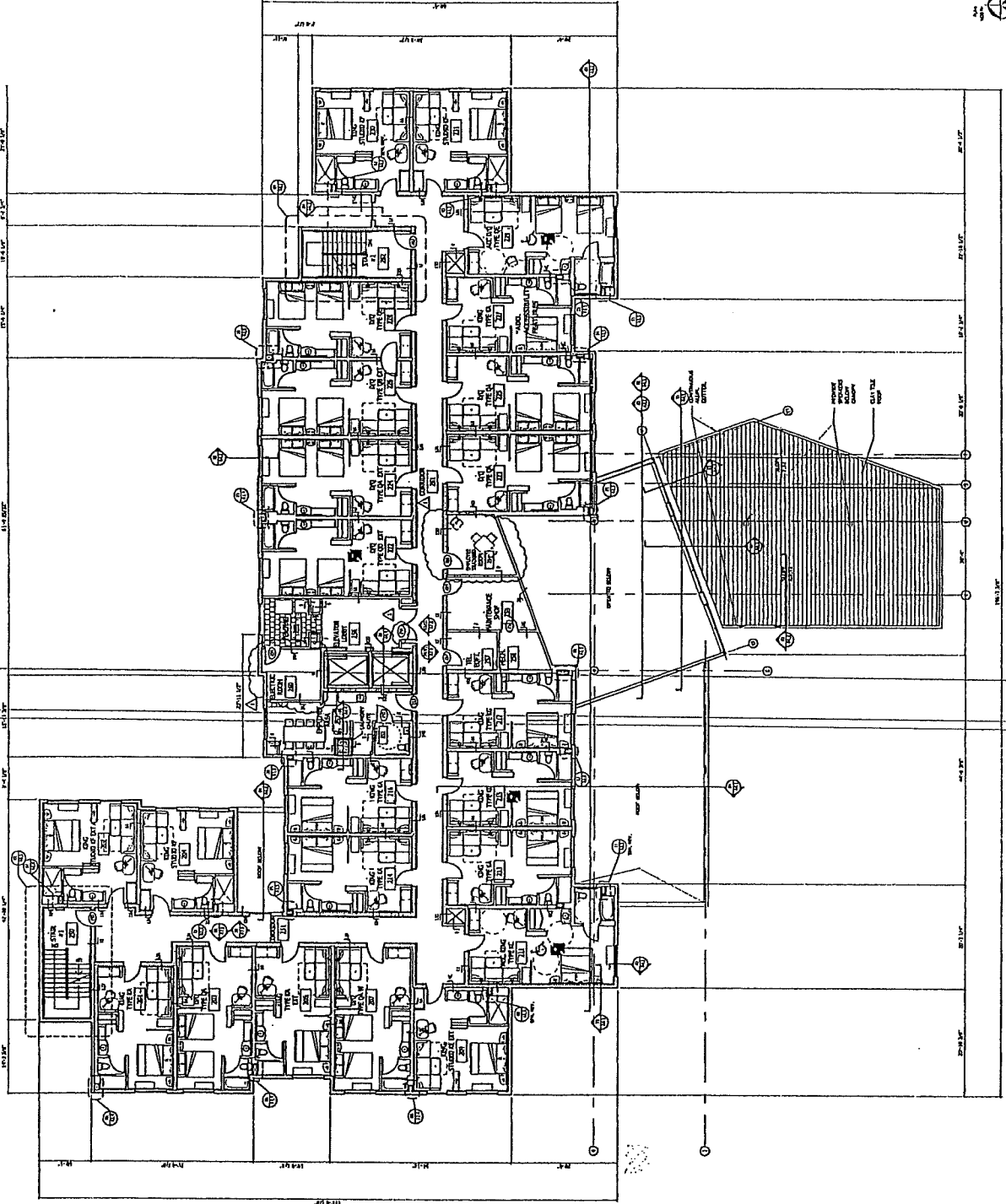
2010 south tryon street suite 1a
 cherlotta north carolina 28203
 voice • 704.332.1415
 fax • 704.332.0117
 web • www.odarch.com

HYATT PLACE

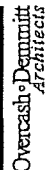
ESTERO, FLORIDA

ISSUE SET	MAYDOIVITY
PROGRESS SET	04/11/87
INDEPENDENT SUBMITTAL	04/11/87
PROGRESS SET	07/25/87
TOW PROGRESS SET	06/09/87
PROGRESS UPDATE	06/22/87
PERMIT SET	06/23/87
REVISION 1	12/11/87
	-
	-
	-
	-
	-

Copyright 2007, Overcash Domestic Appliances
 1000 W. 87TH ST
 OVERCASH, MO 63051



01 SECOND FLOOR PLAN



2010 south lyon street suite 1a
charlottesville north carolina 22903
phone • 704.332.1615
fax • 704.332.0117
web • www.pdarch.com

SIMON | 西門子

國立中央圖書館

HYATT
PLACE-

Hyatt Place

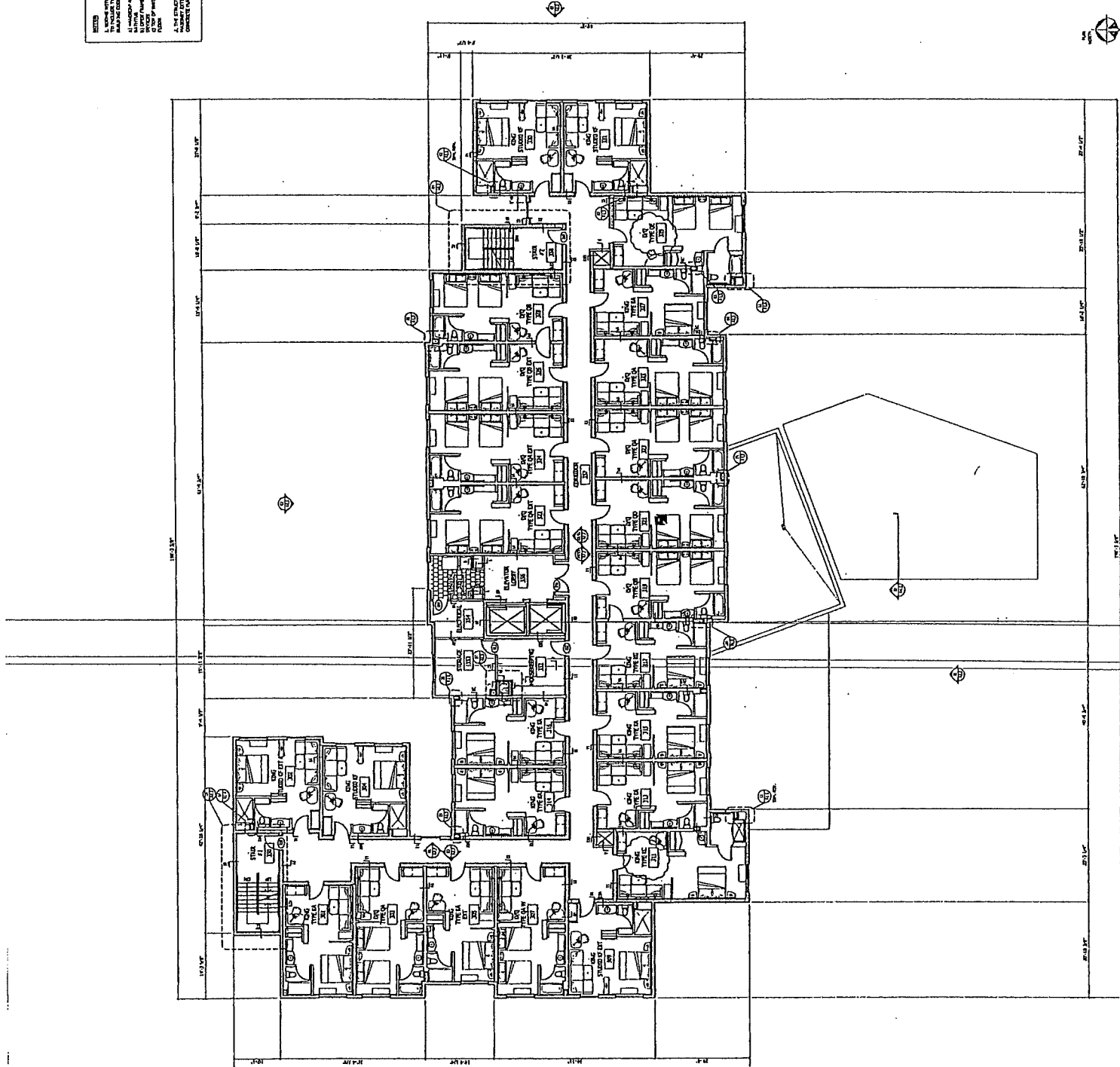
ESTERO, FLORIDA

[illegible]

3RD FLOOR PLAN

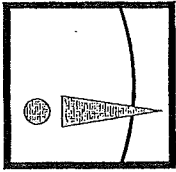
A1.3

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24 W. 67th St. New York, NY 10023



01 THIRD FLOOR PLAN

2-1 = 21 : 3YOS



Overcash Denmitt
Architects

2010 South Lynn Street, Suite 100
Tampa, Florida 33606
Phone: 813.251.1515
Fax: 813.251.1517
Web: www.odsaarch.com

SIMON P. BAKER
ARCHITECT

HYATT
PLACE

Hyatt Place

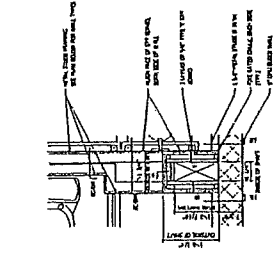
ESTABL FLORIDA

OWNER	HYATT
ARCHITECT	OVERCASH DENMITT ARCHITECTS
ENGINEER	HYATT
INTERIOR DESIGNER	HYATT
MECHANICAL ENGINEER	HYATT
ELECTRICAL ENGINEER	HYATT
PLUMBING ENGINEER	HYATT
PAINT ENGINEER	HYATT
LANDSCAPE ARCHITECT	HYATT
CONSTRUCTION	HYATT

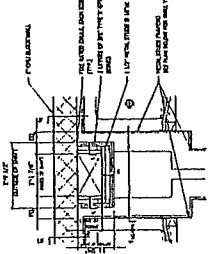
4TH FLOOR PLAN

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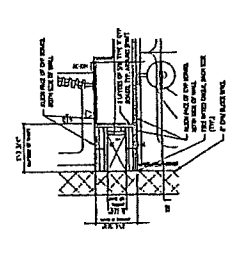
OVERCASH DENMITT ARCHITECTS



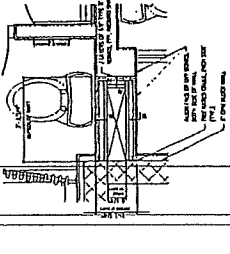
02 PLAN DETAIL SCALE: 3/8" = 1'-0"



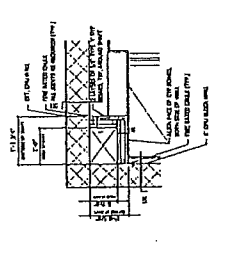
03 PLAN DETAIL SCALE: 3/8" = 1'-0"



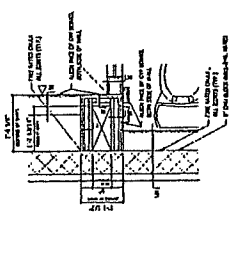
04 PLAN DETAIL SCALE: 3/8" = 1'-0"



05 PLAN DETAIL SCALE: 3/8" = 1'-0"

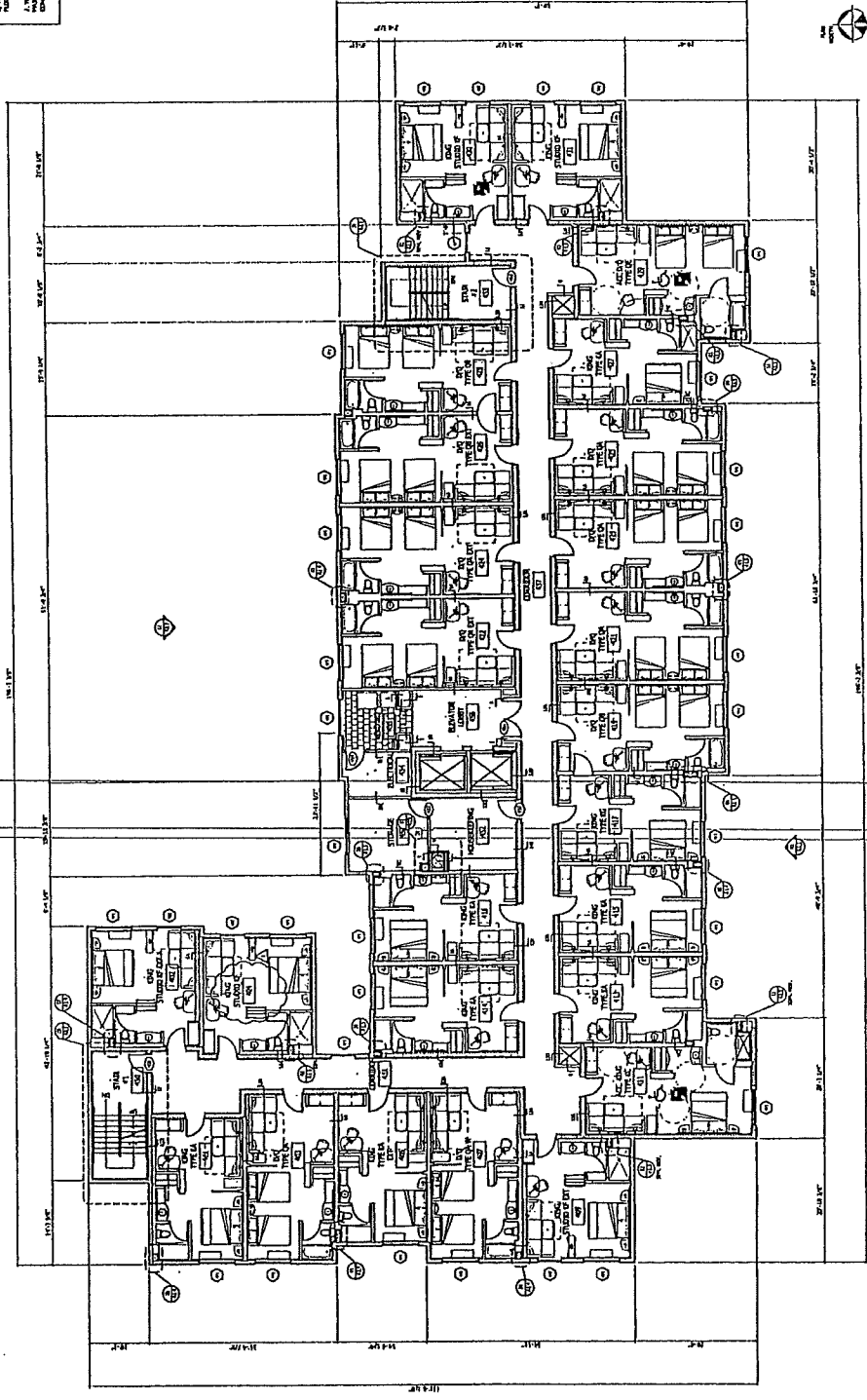


06 PLAN DETAIL SCALE: 3/8" = 1'-0"

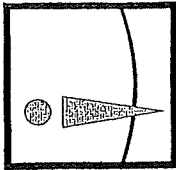


07 PLAN DETAIL SCALE: 3/8" = 1'-0"

NOTES:
1. SEE SECTION 05000 FOR MATERIALS AND FINISHES.
2. SEE SECTION 05000 FOR MATERIALS AND FINISHES.
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9. SEE SECTION 05000 FOR MATERIALS AND FINISHES.
10. SEE SECTION 05000 FOR MATERIALS AND FINISHES.



01 FOURTH FLOOR PLAN SCALE: 1/8" = 1'-0"



Overcash-Dennitt
Architects

2210 South Lynn Street, Suite 10
Portland, ME 04103
Phone: 784.332.1415
Fax: 784.332.0117
Web: www.odarch.com

SIMON
MAGNET

HYATT
PLACE

Hyatt Place

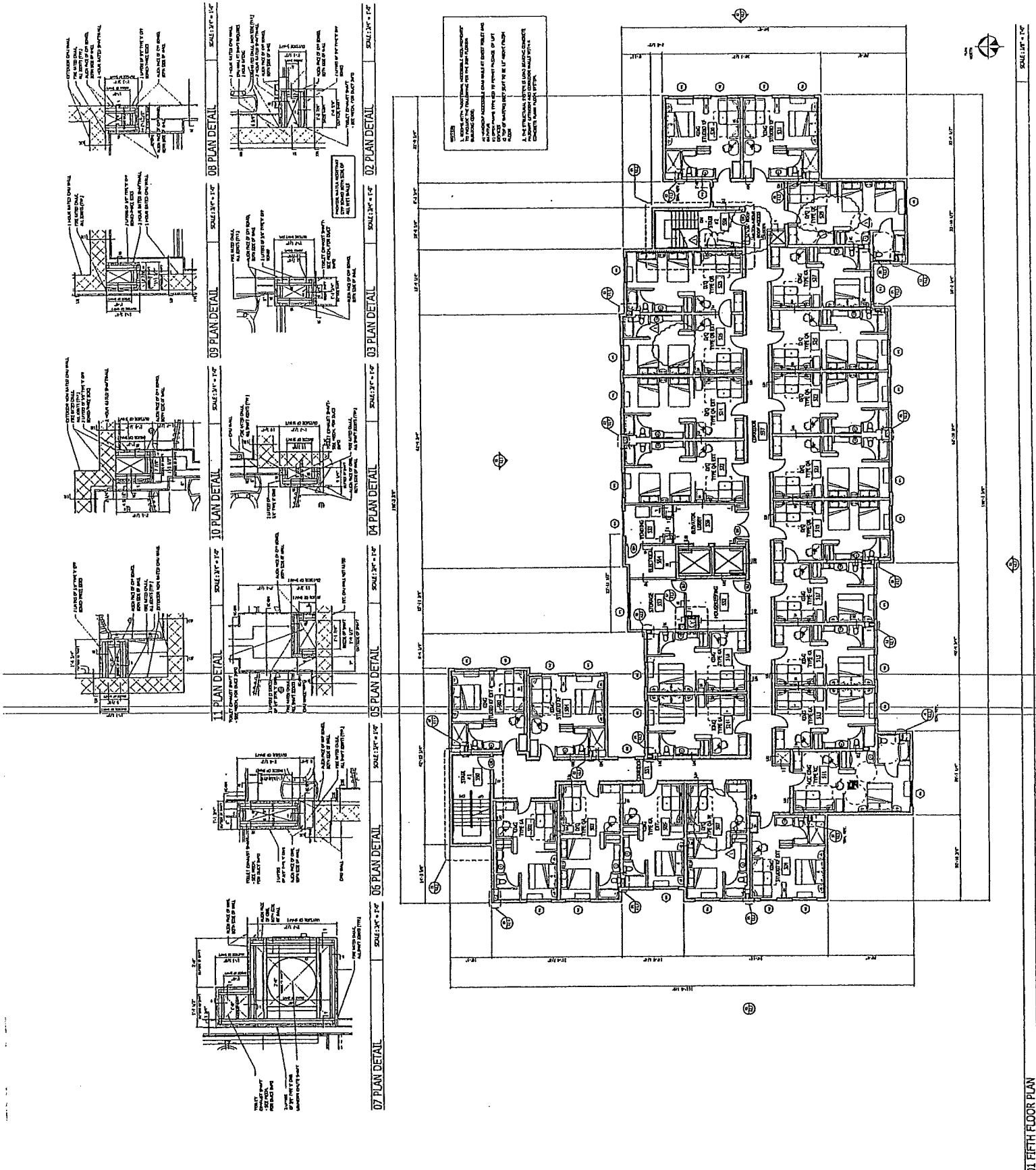
ESTER, FLORIDA

ROOM	REVISION
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100	100

5TH FLOOR PLAN

A1.5

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**SECTION 5 - SALES TAX
TO BE COMPLETED BY THE DEPARTMENT OF REVENUE**

Trade Name (D/B/A)

Hyatt Place Coconut Point

The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax.

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 212.10 (1), Florida Statutes. (Not applicable if no transfer involved).
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.

Signed _____ N/A- Increase In Series application _____ Date _____

Title _____

Department of Revenue Stamp:

**SECTION 6 - 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**

Trade Name (D/B/A)

Hyatt Place Coconut Point

Street Address

23120 VIA VILLAGIO

City

Estero

County

LEE

State

FL

Zip Code

33928

The above establishment complies with the requirements of the Florida Sanitary Code.

Signed _____ Date _____

Title _____ Agency _____

SECTION 7 - DISCLOSURE OF INTERESTED PARTIES				
Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license.				
Trade Name (D/B/A)				
Hyatt Place Coconut Point				
1. Are there any persons who have guaranteed or co-signed a lease or loan, or any person or entity who has loaned money to the business that is not a traditional lending institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must list the person(s) or entity and indicate which of the below applies.				
Name	Guarantor	Co-signer	Lender	Interest Rate (List)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
These questions must be answered about this business for every person or entity listed. Copies of agreements must be submitted with this application.				
2. Is there a management contract, franchise agreement, or service agreement in connection with this business?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you or anyone listed on this application accepted money, equipment or anything of value in connection with this business from a manufacturer or wholesaler of alcoholic beverages?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SECTION 8 – SPECIAL LICENSE REQUIREMENTS
(DOES NOT APPLY TO BEER AND WINE LICENSES)**

Please check the appropriate "Special Alcoholic Beverage License" box of the license for which you are applying. Fill in the corresponding requirements for each Special License type.

- ☐ Quota Alcoholic Beverage License ☒ Special Alcoholic Beverage License
☐ Club Alcoholic Beverage License

This license is issued pursuant to 561.20, Florida Statutes or Special Act, and as such we acknowledge the following requirements must be met and maintained:

Operate as a bonafide hotel of not fewer than 100 guest rooms and shall include building and structures that are managed by applicant/licensee on the same track of land that is not seperated by a public street or highway.

Please initial and date:

Applicant's Initials _____ Date _____

**SECTION 9 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED**

Trade Name (D/B/A)

Hyatt Place Coconut Point

"I, the undersigned individually, or if a corporation for itself, its officers and directors, 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 or blueprint is substantially a true and correct representation of the 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 cigarette 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. I further swear or affirm that the foregoing information is true and correct."

STATE OF _____

APPLICANT SIGNATURE

COUNTY OF _____

APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day
of _____, 20____, By _____ who is () personally

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

Notary Public

Commission Expires: _____

FOR DIVISION USE ONLY – DO NOT WRITE BELOW THIS LINE	
Trade Name (D/B/A)	
CODE: City _____ County _____	FEIN NUMBER _____
TYPE _____	FEE _____
_____	_____
_____	_____
_____	TOTAL _____
Approved by _____ Date _____ Audited: _____ Unaudited: _____	
District Office Received Date Stamp	District Office Accepted for Filing Date Stamp