Lee County
Southwest Florida

**Department of Community Development**
**Zoning Section**

# *MEMORANDUM*

**Date:** August 21, 2017

**To:** Hearing Examiner
Applicant

**From:** J. Leatherman
Planner

**Subject:** **Olde Hickory Revised MCP and Conditions**
Case No. SEZ2017-00003
STRAP No. 27-45-25-02-000D.00CE (portion thereof)

Staff received additional correspondence from the applicant on August 15, 2017 and would like to provide the following analysis.

The subject property previously received consumption-on-premises approvals specific to the restaurant (4-COP SRX), the snack bar (2-COP), and the beverage caddy (2-COP). On May 19, 1992, a 2-COP license received local zoning sign-off for a snack-bar; however, this approval was only permissible until the completion of the Golf Club House was finaled. On May 21, 1992, a 2-COP license was granted for the beverage caddy. Then, in October of 1992, the restaurant within the clubhouse received approval for 4-COP SRX. A copy of these approvals has been included herein.

Due to the timeline of the application approvals, staff believes the intent was to provide various alternatives to purchase alcoholic beverages while the clubhouse finished development as the clubhouse was the only approved use to have consumption on premises. These options did not require further zoning actions as Florida Statute 565.02(g) permits service bars or portable or temporary bars on the grounds contiguous to its licensees premises and it is staff's position that the snack bar and beverage caddy licenses were approved with an understanding that these service areas would be contiguous to the approved-licensed premises (the clubhouse).

Pursuant to LDC Section 34-1264(a)(3)c., the application request is specific to a use (outdoor consumption on premises for the swimming-pool area) which was not included in the original zoning approval. The original zoning, Zoning Resolution Z-87-237, for the Olde Hickory Residential Planned Development (RPD) approved a Country Club with clubhouse, consumption on premises within the clubhouse, an 18-hole Golf Course, Food and Beverage Service, Limited, and other uses not pertinent to this request. The Resolution did not address or define a common area for the consumption on premises to expand; therefore, approval of this request will permit the expansion of the consumption on premises to the swimming-pool area.

Staff finds the revised master concept plan consistent with the previous analysis and recommendation. The request to permit indoor and outdoor consumption on premises (4-COP SFS beer wine and liquor license), as conditioned, is appropriate.

The entire swimming-pool deck area consists of:

- existing 4,278-square-foot deck area; and
  - proposed 982-square-foot potential expansion; and
- existing 1,016-square-foot cabana (Food and Beverage Service, Limited); and
  - proposed 240-square-foot addition.

The total area available for outdoor consumption on premises consists of 6,516 square feet.

The applicant proposes an available outdoor seating area consisting of 2,506 square feet, offering 28 seats available regularly and an additional 32 seats for temporary events. These temporary events will not be open to the public, thus negating the need for additional parking spaces. The outdoor seating area has been acknowledged to clarify the request does not impact parking calculations. By proposing 3,760 square feet of dining area composed of a 1,256-square-foot cabana (Food and Beverage Service, Limited) and a 2,506-square-foot outdoor seating area, the applicants would need to supply 47 parking spaces, based on the following calculation:

3,760 SF x 12.5 spaces/1000 SF= 47 spaces

The applicant has demonstrated the total parking spaces exceeds the required amount.

The revised master concept plan remains consistent with the Florida Statutes as the available area under permanent roof will still exceed the 2,500-square-foot requirement and the available seats will still exceed the 150-requirement. The applicant has made no revision to the menu, thus remaining consistent with state requirement of sales of food generating more than 50 percent of the revenue.

Staff finds the request to remain consistent with the goals, objectives, policies, and intent of the Lee Plan as discussed in the Staff Report. The request will not impact environmentally critical or sensitive areas. The potential expansion is proposed further from the closest residence and does not appear to disrupt the current configuration of the pool; staff finds the request will not be injurious to the neighborhood and it is compatible with the existing uses. The request is in compliance with zoning regulations with respect to consumption on premises and the applicant has demonstrated compliance with applicable parking regulations.

Staff has no objection to the proposed revisions to the conditions with the exception of minor clarifications.

Staff proposes the following revised conditions (shown as underlined), please see attached clean version:

1. Staff agrees with applicant's proposal.

2. Staff agrees with applicant's proposal.

3. No amplified music shall be permitted in the outdoor seating area. Any music in the outdoor seating area will be kept at or below a normal conversation level and must be maintained in accordance with the Lee County Noise Control Ordinance.

Staff's revision references the Lee County Noise Control Ordinance more appropriately as it relates to music.

4. The hours of operation for the outdoor consumption on premises (4-COP SFS) in the conjunction with the Food and Beverage Service, Limited will be from 11:00 AM to 9:00 PM, with last call and music out at 8:30 PM.

Staff's revision agrees with the applicant's proposal and relocated the reference to the Lee County Noise Ordinance to earlier condition.

5. All parts of the pool deck must be available for the residents and guests regardless of consuming any food or beverages from the cabana. No portion of the pool deck may be reserved exclusively for customers of the cabana, except in accordance with the area demonstrated on the site plan (see Attachment "F") for temporary events.

6. Temporary events are to be for residents and guests only and are not to be open to the general public.

Staff's revisions are intended to provide clarity that the temporary event location is integrated within the overall outdoor consumption on premises area and is intended to reference the proposed location for additional chairs. The site plan clarifies the swimming-pool and spa will be closed during the temporary events in order to prevent disruption and provide safety measures. Staff finds the occasional temporary event will not impact parking calculations as the events are intended to be for the members and guests only.

7. No change proposed for previous condition #6.

8. Staff agrees with applicant's proposal for previous condition #7.

ATTACHMENT C

## CONDITIONS

1. Approval is limited to indoor and outdoor consumption on premises (4-COP SFS) in conjunction with a Food and Beverage Service, Limited located within the pool area as shown on the site plan stamped "Received" by Community Development on August 15, 2017 (see Exhibit F).

2. The outdoor seating area is limited to the 2,504-square-foot hatched area as shown on the site plan (see Exhibit F). Portions of the outdoor seating area may be converted to indoor seating area without need for a further public hearing.

3. No amplified music shall be permitted in the outdoor seating area. Any music in the outdoor seating area will be kept at or below a normal conversation level and must be maintained in accordance with the Lee County Noise Control Ordinance.

4. The hours of operation for the outdoor consumption on premises (4-COP SFS) in the conjunction with the Food and Beverage Service, Limited will be from 11:00 AM to 9:00 PM, with last call and music out at 8:30 PM.

5. All parts of the pool deck must be available for the residents and guests regardless of consuming any food or beverages from the cabana. No portion of the pool deck may be reserved exclusively for customers of the cabana, except in accordance with the area demonstrated on the site plan (see Attachment "F") for temporary events.

6. Temporary events are to be for members and guests only and are not to be open to the general public.

7. Any subsequent development will need to obtain appropriate approvals to ensure consistency with the Land Development Code.

8. Electrical equipment and connections for the temporary bar structure must be kept out of walkways, pool and spa.

DBR 42-001
Rev. 7/91

STATE OF FLORIDA
Department of Business Regulation
Division of Alcoholic Beverages and Tobacco

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
AND CIGARETTE PERMIT

SECTION I

BUSINESS TELEPHONE # 813/278-1177

TYPE OF LICENSE/PERMIT DESIRED: Check Appropriate Boxes

(X) Alcoholic Beverage License ( ) Cigarette Permit

TYPE OF APPLICATION: Check Appropriate Boxes

| | | |
|---|---|---|
| (X) New | ( ) Change of Location | ( ) Change of Business Name |
| (X) New - Temporary | Temporary | ( ) Change of Officers/Stockholders |
| ( ) Transfer | ( ) Change in Series | ( ) Correction _____ |
| ( ) Transfer - Temporary | ( ) Decrease in Series | ( ) Other _____ |
| ( ) Change of Location | ( ) Increase in Series | _____ |

TYPE OF APPLICANT: Check Appropriate Box and List Charter Number, If Applicable

| | | |
|---|---|---|
| ( ) Individual | ( ) Partnership | |
| ( ) Corporation | ( ) Limited Partnership | ( ) Charter Number N42334 |

1. Applicant's Full Name: The Olde Hickory Golf & Country Club Master Association, Inc.

2. Business Name: Same

3. Location Address: 14670 Olde Hickory Boulevard, Fort Myers, Florida 33912
Street City State Zip

4. Mailing Address: 43 Barkley Circle, Suite 101, Fort Myers, Florida 33907
Street City State Zip

If application is for a NEW license/permit, questions 5-8 are not applicable.

5. Current Owner's Name: _____

6. Current Business Name: _____
Street City State Zip

7. Current Location Address: _____
Street City State Zip

8 Current License/Permit Number: _____ Current Series: _____

9. Series of Licenses/Permits Desired: (4-COP SRX) AND (_____).

10. Complete the following if you are an applicant for a quota, special or club alcoholic beverage license. The license is issued pursuant to _____, Florida Statutes or Special Acts, and as such we acknowledge the following minimum requirements must be met and maintained:

I hereby acknowledge receiving a copy of Rule 7A 3.0141 pertaining to the special qualifications and records keeping requirements for a special restaurant license. The attached copy of the rule is made as part of this application.

11. Does your business include the preparation, service or sale of food? _____. If yes, have you registered with the Division of Hotels and Restaurants as a Public Food Service Establishment? Yes. License/Control # Applied For.

SECTION II

(A). List below the names, titles and interest for all officers, directors, stockholders, limited partners and general partners of the business for which this license or permit is sought. (Attach extra sheets if necessary).

| TITLE/POSITION | NAME | STOCK % |
|---|---|---|
| President: | * Richard Burgeson | 0% |
| Vice President: | * Peter Lehmann | 0% |
| Secretary: | * Bruce Upton | 0% |
| Treasurer: | | |
| | * Current Licensee on GC, 2 COP | |
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(B). List below the names and type of interest (i.e. lender, joint account holder, co-signer.) for all persons or entities not listed in part (A) above, who have an interest, directly or indirectly, in this application or the business for which the license/permit is sought. This may include a spouse, corporations, or any form of entity which is connected with the business.

| NAME | TYPE OF INTEREST |
|---|---|
| | |
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SECTION III

1. SALES TAX: Owners Name: _____

Business Name: _____

A. Disclosure Authorization. Section A is to be Completed By Owner Only if Transfer of Alcoholic Beverage License.

I hereby authorize the Department of Revenue to release to the aforementioned applicant and to the Division of Alcoholic Beverages and Tobacco the current status of my account # _____.

Sworn to and Subscribed

before me this _____

day of _____, 19___.

_____

Owner or Authorized Corporate Officer Must be Notarized

_____

Notary Public

My Commission Expires: _____

B. Disclosure. Section B is to be Completed by Department of Revenue.

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 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), F.S. (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.

Luther DeSonja
(Signed)

CS II
(Title)

10/12/92
(Date)

DEPARTMENT OF REVENUE STAMP

APPROVED BY
DEPARTMENT OF REVENUE

Business Name: The Olde Hickory Golf & Country Club Master Association, Inc.

Location Address: 14670 Olde Hickory Boulevard, Fort Myers, Florida 33912

SECTION IV (NOTE: THE DIVISION DOES NOT REQUIRE THAT ITEMS 1-3 BE COMPLETED IN ORDER)

1. ZONING:

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

If this application is for the issuance of an alcoholic beverage license where zoning approval is not required, the applicant must complete section "B".

To be completed by the Local Zoning Authorities.

A. The location (✓) Does Comply ( ) Does Not Comply with zoning requirements for the sale of alcoholic beverages pursuant to this application for a Series 4COP SRX alcoholic beverage license. as per resolution Z-87-237

Signed: Bruce J. Kehrer Title: Principal Planner Date: Oct. 14/92

B. Is location within the limits of an Incorporated City or Town? ( ) YES (✓) NO

If "YES", Name of City or Town _____

2. HEALTH:

A. To be completed by the Division of Hotels and Restaurants, the County Health Authority or Department of Health and Rehabilitative Services.

The above establishment ( ) Does Comply ( ) Does Not Comply with the requirements of the Florida Sanitary Code.

Signed: _____ Date: _____

Title: _____ Agency: _____

3. RIGHT OF OCCUPANCY

| | (YES) | (NO) |
|---|---|---|
| A. Does applicant have a legal right of occupancy to the premises? | X | |
| B. Does applicant own the property? | X | |
| C. Does applicant rent, lease or sublease the property? | | X |

Name of Landlord: _____

Address of Landlord: _____

Terms of Rental Agreement: _____

| | (YES) | (NO) |
|---|---|---|
| D. Is the proposed premises MOVABLE or ABLE TO BE MOVED?..... | _____ | X |
| E. Is the proposed premises located in a shopping center, mall or office building?..... | _____ | X |
| F. Is there any access through the premises to any area over which you do not have dominion and control?..... | _____ | X |
| G. Is the premises occupied by anyone not listed on this application?.. | _____ | X |

SECTION V

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER

A. Federal Employer's Identification Number: 65-0248701

B. Not Required ( )

C. Not Available ( ) I will submit to your agency as soon as possible.

SECTION VI

These questions must be answered about this business for every person or entity listed. Copies of agreements and documentation to support the financial arrangements must be submitted with this application.

| | YES | NO |
|---|---|---|
| 1. Is there a management contract or service agreement in connection with this business?..... | ( X) | ( ) |
| 2. Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation?..... | ( X) | ( ) |
| 3. Does anyone hold a mortgage or security agreement for this business?..... | ( ) | ( X) |
| 4. Have you or anyone listed on this application borrowed money from or accepted money, equipment, fixtures, or anything of value from an owner or representative of a distiller, rectifier, blender, bottler, manufacturer, brewer, distributor, exporter, importer or retailer or secured a loan from any source connected with the alcoholic beverage industry?..... | ( ) | ( X) |

5. If purchasing the business, what is the purchase price?.....$ N/A

6. List the total investment:.....$ 2,000,000

A. Total CASH invested:.....$ 2,000,000

B. Total LOANS invested.....$ -0-

7. List below the names of all persons, firms or corporations that have or will advance any money for the operation of this business or that will hold any mortgage or security agreement against this business or have the right or ability to receive money from the business.

| NAME | TYPE OF LOAN | AMOUNT OF LOAN |
|---|---|---|
| U.S. HOME CORPORATION | DEVELOPER SUBSIDY | AS NEEDED |
| | | |
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Section VII

Each corporate applicant must complete this section

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

YES_____ NO X

If the answer is "YES", please list all of the particulars including the date of conviction, the crime for which the corporation was convicted, and the City, County, State, and Court where the conviction took place.

## SKETCH OF LICENSED PREMISES

Sketches should be drawn in ink and include all 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.

AFFIDAVIT OF APPLICANTS

"I, the undersigned individual, or if a corporation for itself, it's 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 purposes of determining compliance with the beverage and cigarette laws.

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

STATE OF FLORIDA
County of Lee
Sworn to and subscribed before me
this 12th day of October, 1992.

Richard Burgeson
(Applicant) Richard Burgeson

(Applicant) Bruce Upton

Lori E. Zamniak
Notary Public

OFFICIAL SEAL
LORI E. ZAMNIAK
My Commission Expires
Feb. 6, 1996
Comm. No. CC 178234

My Commission Expires: 2-6-96

AFFIDAVIT OF SELLERS

"I, the undersigned, hereby swear or affirm that I am duly authorized to make this affidavit and do hereby consent, on my behalf or on behalf of the seller, to the above transfer, and represent to the Division of Alcoholic Beverages and Tobacco that the license which is being transferred is as shown in the application and that a bona fide sale in good faith has been made to the within applicant of the business for which the foregoing transfer of license is sought."

STATE OF FLORIDA
County of _____
Sworn to and subscribed before me
this _____ day of _____, 19____.

_____
(Seller or Authorized Officer)

_____
(Seller or Authorized Officer)

_____
Notary Public

My Commission Expires: _____

For Division Use Only - do not write below this line

CENTRAL OFFICE USE ONLY

CODE: City _____ County _____
FEIN NUMBER _____
TYPE: _____ FEE: _____
_____ _____
_____ _____
TOTAL: _____

LICENSE # _____ AUDIT # _____
ENTRY DATE: _____ BY: _____
MICROFILM DATE: _____

Signature: _____

DISTRICT OFFICE DATE STAMP

Audited: _____ Unaudited: _____

(FOR STAFF USE ONLY)

REQUEST FOR ZONING COMPLIANCE
FOR APPLICATION FOR
ALCOHOLIC BEVERAGE LICENSE

✓ Consumption On Premises

___ Consumption Off Premises

Applicants Name The Olde Hickory Golf & Country Club Master Assoc., Inc.

Business Name Same

Location Address 14670 Olde Hickory Blvd. Ft Myers 33912

Mailing Address 43 Barkley Circle, Suite 101, Ft. Myers 33907

Phone No. _____

Strap No. S 27 T 45 R 25 A 02 P 0000A.0000

Zoning RPD

Hearing for Special Exception _____Yes _____No

If Yes, what is the Hearing No.?_____

and Resolution No.?_____

(Attach Copy of Resolution)

If No, the applicant must submit sufficient documentation to prove legality of non-conforming C.O.P.

(0106)

(FOR STAFF USE ONLY)

REQUEST FOR ZONING COMPLIANCE
FOR APPLICATION FOR
ALCOHOLIC BEVERAGE LICENSE

✓ Consumption On Premises 2COP — SNACK BAR

___ Consumption Off Premises

Applicants Name The Olde Hickory Golf AND Country Club Master Ass INC.

Business Name The Olde Hickory Golf AND Country Club

Location Address 14670 Olde Hickory Blvd. Fort Myers, Fl. 33912

Mailing Address 43 Barkley Circle, Suite 101, Fort Myers Fl. 33907

Phone No. 278-1177

Strap No. S 27 T 45 R 25 A 60 P 00001.1 - 0000

Zoning Resd. Planned Dev. PD-92-001 AMENDMENT CN-2 use

Hearing for Special Exception _____Yes ___✓___No

If Yes, what is the Hearing No.? 87-12-7 D<I

and Resolution No.? Z-87-237

(Attach Copy of Resolution)

If No, the applicant must submit sufficient documentation to prove legality of non-conforming C.O.P.

(0106)

DBR 42-001
Rev. 7/91

STATE OF FLORIDA
Department of Business Regulation
Division of Alcoholic Beverages and Tobacco

# APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE AND CIGARETTE PERMIT

SECTION I

BUSINESS TELEPHONE # (813) 278-1177

TYPE OF LICENSE/PERMIT DESIRED: Check Appropriate Boxes

(X) Alcoholic Beverage License ( ) Cigarette Permit

TYPE OF APPLICATION: Check Appropriate Boxes

(X) New
( ) New - Temporary
( ) Transfer
( ) Transfer - Temporary
( ) Change of Location
( ) Change of Location Temporary
( ) Change in Series
( ) Decrease in Series
( ) Increase in Series
( ) Change of Business Name
( ) Change of Officers/Stockholders
( ) Correction
( ) Other

TYPE OF APPLICANT: Check Appropriate Box and List Charter Number, If Applicable

( ) Individual
(X) Corporation
( ) Partnership
( ) Limited Partnership
( ) Charter Number N42334

1. Applicant's Full Name: The Olde Hickory Golf & Country Club Master Association, Inc.

2. Business Name: The Olde Hickory Golf & Country Club SNACK BAR

3. Location Address: 14670 Olde Hickory Boulevard / Fort Myers, Florida 33912
Street City State Zip

4. Mailing Address: 43 Barkley Circle, Suite 101, Fort Myers, Florida 33907
Street City State Zip

If application is for a NEW license/permit, questions 5-8 are not applicable.

5. Current Owner's Name: _____

6. Current Business Name: _____

7. Current Location Address: _____
Street City State Zip

8 Current License/Permit Number: _____ Current Series: _____

9. Series of Licenses/Permits Desired: ( 2-COP ) AND ( _____ ).

10. Complete the following if you are an applicant for a quota, special or club alcoholic beverage license. The license is issued pursuant to _____, Florida Statutes or Special Acts, and as such we acknowledge the following minimum requirements must be met and maintained:

_____

_____

11. Does your business include the preparation, service or sale of food? yes. If yes, have you registered with the Division of Hotels and Restaurants as a Public Food Service Establishment? YES. License/Control # see attached.

SECTION II

(A). List below the names, titles and interest for all officers, directors, stockholders, limited partners and general partners of the business for which this license or permit is sought. (Attach extra sheets if necessary).

| TITLE/POSITION | NAME | STOCK % |
|---|---|---|
| President: | Gary Haines | 0% |
| Vice President: | Richard Burgeson | 0% |
| Secretary: | Bruce Upton | 0% |
| Treasurer: | Bruce Upton | 0% |
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(B). List below the names and type of interest (i.e. lender, joint account holder, co-signer.) for all persons or entities not listed in part (A) above, who have an interest, directly or indirectly, in this application or the business for which the license/permit is sought. This may include a spouse, corporations, or any form of entity which is connected with the business.

| NAME | TYPE OF INTEREST |
|---|---|
| N/A | |
| | |
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| | |
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SECTION III

1. SALES TAX: Owners Name: _____

Business Name: _____

A. Disclosure Authorization. Section A is to be Completed By Owner Only if Transfer of Alcoholic Beverage License.

I hereby authorize the Department of Revenue to release to the aforementioned applican and to the Division of Alcoholic Beverages and Tobacco the current status of my accoun # _____.

Sworn to and Subscribed

before me this _____

day of _____, 19___.

_____

Owner or Authorized Corporate Officer Must be Notarized

_____

Notary Public

My Commission Expires: _____

B. Disclosure. Section B is to be Completed by Department of Revenue.

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 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), F.S. (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)

_____

(Title)

_____

(Date)

DEPARTMENT OF REVENUE STAMP

Business Name: The Olde Hickory Golf & Country Club Master Association, Inc.

Location Address: 14670 Olde Hickory Boulevard, Fort Myers, Florida 33912

SECTION IV (NOTE: THE DIVISION DOES NOT REQUIRE THAT ITEMS 1-3 BE COMPLETED IN ORDER)

1. ZONING:

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

If this application is for the issuance of an alcoholic beverage license where zoning approval is not required, the applicant must complete section "B".

To be completed by the Local Zoning Authorities.

A. The location (✓) Does Comply ( ) Does Not Comply with zoning requirements for the sale of alcoholic beverages pursuant to this application for a Series 2COP alcoholic beverage license. only upon completion of Golf Club House.

Signed: [signature] Title: Principal Planner Date: 05-19-92

B. Is location within the limits of an Incorporated City or Town? ( ) YES (✓) NO

If "YES", Name of City or Town _____

2. HEALTH:

A. To be completed by the Division of Hotels and Restaurants, the County Health Authority or Department of Health and Rehabilitative Services.

The above establishment (X) Does Comply ( ) Does Not Comply with the requirements of the Florida Sanitary Code.

Signed: [signature] Date: 5/18/92

Title: Safety & Sanitation Spec. Agency: DBPR

3. RIGHT OF OCCUPANCY

| | (YES) | (NO) |
|---|---|---|
| A. Does applicant have a legal right of occupancy to the premises?..... | X | |
| B. Does applicant own the property?..... | | X |
| C. Does applicant rent, lease or sublease the property?..... | X | |

Name of Landlord: U.S. HOME CORPORATION

Address of Landlord: 43 BARKLEY CIRCLE, SUITE 101, FORT MYERS, FLORIDA 33912

Terms of Rental Agreement: ONE YEAR - $1.00 PER YEAR UNTIL U.S. HOME CORPORATION TURNS PROJECT OVER TO THE OLDE HICKORY GOLF & COUNTRY CLUB MASTER ASSOCIATION, INC. UPON THE CONVEYANCE OF 90% OF HOMES.

D. Is the proposed premises MOVABLE or ABLE TO BE MOVED?..... ____ X

E. Is the proposed premises located in a shopping center, mall or office building?..... ____ X

F. Is there any access through the premises to any area over which you do not have dominion and control?..... ____ X

G. Is the premises occupied by anyone not listed on this application?.. ____ X

SECTION V

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER

A. Federal Employer's Identification Number: 65-0248701

B. Not Available ( ) I will submit to your agency as soon as possible.

SECTION VI

These questions must be answered about this business for every person or entity listed. Copies of agreements and documentation to support the financial arrangements must be submitted with this application.

| | YES | NO |
|---|---|---|
| 1. Is there a management contract or service agreement in connection with this business?..... | (X) | ( ) |
| 2. Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation?..... | (X) | ( ) |
| 3. Does anyone hold a mortgage or security agreement for this business?..... | ( ) | ( ) |
| 4. Have you or anyone listed on this application borrowed money from or accepted money, equipment, fixtures, or anything of value from an owner or representative of a distiller, rectifier, blender, bottler, manufacturer, brewer, distributor, exporter, importer or retailer or secured a loan from any source connected with the alcoholic beverage industry?..... | ( ) | (X) |

5. If purchasing the business, what is the purchase price?.....$ N/A

6. List the total investment:.....$ ____

A. Total CASH invested.....$ ____

B. Total LOANS invested.....$ ____

7. List below the names of all persons, firms or corporations that have or will advance any money for the operation of this business or that will hold any mortgage or security agreement against this business or have the right or ability to receive money from the business.

| NAME | TYPE OF LOAN | AMOUNT OF LOAN |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Section VII

Each corporate applicant must complete this section

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

YES_____ NO X

If the answer is "YES", please list all of the particulars including the date of conviction, the crime for which the corporation was convicted, and the City, County, State, and Court where the conviction took place.

D. Is the proposed premises MOVABLE or ABLE TO BE MOVED?..... _____ X

E. Is the proposed premises located in a shopping center, mall or office building?..... _____ X

F. Is there any access through the premises to any area over which you do not have dominion and control?..... _____ X

G. Is the premises occupied by anyone not listed on this application?.. _____ X

SECTION V

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER

A. Federal Employer's Identification Number: 65-0248701

B. Not Available ( ) I will submit to your agency as soon as possible.

SECTION VI

These questions must be answered about this business for every person or entity listed. Copies of agreements and documentation to support the financial arrangements must be submitted with this application.

| | YES | NO |
|---|---|---|
| 1. Is there a management contract or service agreement in connection with this business?..... | (X) | ( ) |
| 2. Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation?..... | (X) | ( ) |
| 3. Does anyone hold a mortgage or security agreement for this business?..... | ( ) | ( ) |
| 4. Have you or anyone listed on this application borrowed money from or accepted money, equipment, fixtures, or anything of value from an owner or representative of a distiller, rectifier, blender, bottler, manufacturer, brewer, distributor, exporter, importer or retailer or secured a loan from any source connected with the alcoholic beverage industry?..... | ( ) | (X) |

5. If purchasing the business, what is the purchase price?.....$ N/A

6. List the total investment:.....$_____

A. Total CASH invested.....$_____

B. Total LOANS invested.....$_____

DER 42-001
Rev. 7/91

STATE OF FLORIDA
Department of Business Regulation
Division of Alcoholic Beverages and Tobacco

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
AND CIGARETTE PERMIT

SECTION I

BUSINESS TELEPHONE # (813) 278-1177

TYPE OF LICENSE/PERMIT DESIRED: Check Appropriate Boxes

(X) Alcoholic Beverage License ( ) Cigarette Permit

TYPE OF APPLICATION: Check Appropriate Boxes

| | | |
|---|---|---|
| (X) New | ( ) Change of Location | ( ) Change of Business Name |
| ( ) New - Temporary | Temporary | ( ) Change of Officers/Stockholders |
| ( ) Transfer | ( ) Change in Series | ( ) Correction _____ |
| ( ) Transfer - Temporary | ( ) Decrease in Series | ( ) Other _____ |
| ( ) Change of Location | ( ) Increase in Series | _____ |

TYPE OF APPLICANT: Check Appropriate Box and List Charter Number, If Applicable

| | | |
|---|---|---|
| ( ) Individual | ( ) Partnership | |
| (X) Corporation | ( ) Limited Partnership | ( ) Charter Number N42334 |

1. Applicant's Full Name: The Olde Hickory Golf & Country Club Master Association, Inc.

2. Business Name: The Olde Hickory Golf & Country Club (Golf cart) PM

3. Location Address: 14670 Olde Hickory Boulevard / Fort Myers, Florida 33912
Street City State Zip

4. Mailing Address: 43 Barkley Circle, Suite 101, Fort Myers, Florida 33907
Street City State Zip

If application is for a NEW license/permit, questions 5-8 are not applicable.

5. Current Owner's Name: _____

6. Current Business Name: _____

7. Current Location Address: _____
Street City State Zip

8 Current License/Permit Number: 4COP 2189 Current Series: _____

9. Series of Licenses/Permits Desired: ( (2-COP) (GC) (Golf Cart) ) AND ( _____ ).

10. Complete the following if you are an applicant for a quota, special or club alcoholic beverage license. The license is issued pursuant to _____, Florida Statutes or Special Acts, and as such we acknowledge the following minimum requirements must be met and maintained:

_____

_____

11. Does your business include the preparation, service or sale of food? No. If yes, have you registered with the Division of Hotels and Restaurants as a Public Food Service Establishment? _____. License/Control # _____.

SECTION II

(A). List below the names, titles and interest for all officers, directors, stockholders, limited partners and general partners of the business for which this license or permit is sought. (Attach extra sheets if necessary).

| TITLE/POSITION | NAME | STOCK % |
|---|---|---|
| President: | Gary Haines | 0% |
| Vice President: | Richard Burgeson | 0% |
| Secretary: | Bruce Upton | 0% |
| Treasurer: | Bruce Upton | 0% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

(B). List below the names and type of interest (i.e. lender, joint account holder, co-signer.) for all persons or entities not listed in part (A) above, who have an interest, directly or indirectly, in this application or the business for which the license/permit is sought. This may include a spouse, corporations, or any form of entity which is connected with the business.

| NAME | TYPE OF INTEREST |
|---|---|
| N/A | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Business Name: The Olde Hickory Golf & Country Club Master Association, Inc.

Location Address: 14670 Olde Hickory Boulevard, Fort Myers, Florida 33912

SECTION IV (NOTE: THE DIVISION DOES NOT REQUIRE THAT ITEMS 1-3 BE COMPLETED IN ORDER)

1. ZONING:

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

If this application is for the issuance of an alcoholic beverage license where zoning approval is not required, the applicant must complete section "B".

To be completed by the Local Zoning Authorities.

A. The location (✓) Does Comply ( ) Does Not Comply with zoning requirements for the sale of alcoholic beverages pursuant to this application for a Series 2COP Golf Cart alcoholic beverage license. (per discussion w/ Fern Todd 5-21-92 MT)

Signed: Michael P. Gavere Title: Planner I Date: 5-21-92

B. Is location within the limits of an Incorporated City or Town? ( ) YES (✓) NO

If "YES", Name of City or Town _____

2. HEALTH:

A. To be completed by the Division of Hotels and Restaurants, the County Health Authority or Department of Health and Rehabilitative Services.

The above establishment (X) Does Comply ( ) Does Not Comply with the requirements of the Florida Sanitary Code.

Signed: Henry J Chmura Date: 5.18.92

Title: Safety & San. Spec. Agency: DRT

3. RIGHT OF OCCUPANCY

| | (YES) | (NO) |
|---|---|---|
| A. Does applicant have a legal right of occupancy to the premises? | X | |
| B. Does applicant own the property? | | X |
| C. Does applicant rent, lease or sublease the property? | X | |

Name of Landlord: U.S. HOME CORPORATION

Address of Landlord: 43 BARKLEY CIRCLE, SUITE 101, FORT MYERS, FLORIDA 33912

Terms of Rental Agreement: ONE YEAR - $1.00 PER YEAR UNTIL U.S. HOME CORPORATION TURNS PROJECT OVER TO THE OLDE HICKORY GOLF & COUNTRY CLUB MASTER ASSOCIATION, INC. UPON THE CONVEYANCE OF 90% OF HOMES.

SECTION III

1. SALES TAX: Owners Name: _____

Business Name: _____

A. Disclosure Authorization. Section A is to be Completed By Owner Only if Transfer of Alcoholic Beverage License.

I hereby authorize the Department of Revenue to release to the aforementioned applica and to the Division of Alcoholic Beverages and Tobacco the current status of my accou # _____.

Sworn to and Subscribed

before me this _____

day of _____, 19___.

_____

Owner or Authorized Corporate Officer Must be Notarized

_____

Notary Public

My Commission Expires: _____

B. Disclosure. Section B is to be Completed by Department of Revenue.

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 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), F.S. (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.

Michael A Burnidge
(Signed)

CSI
(Title)

5/20/92
(Date)

DEPARTMENT OF REVENUE STAMP

RECEIVED BY
DEPARTMENT OF REVENUE
Michael Burnidge
FL DEPT. OF REVENUE

Golf Cart 5/24

D. Is the proposed premises MOVABLE or ABLE TO BE MOVED?..... X ____

E. Is the proposed premises located in a shopping center, mall or office building?..... ____ X

F. Is there any access through the premises to any area over which you do not have dominion and control?..... ____ X

G. Is the premises occupied by anyone not listed on this application?.. ____ X

SECTION V

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER

A. Federal Employer's Identification Number: 65-0248701

B. Not Available ( ) I will submit to your agency as soon as possible.

SECTION VI

These questions must be answered about this business for every person or entity listed. Copies of agreements and documentation to support the financial arrangements must be submitted with this application.

| | YES | NO |
|---|---|---|
| 1. Is there a management contract or service agreement in connection with this business?..... | (X) | ( ) |
| 2. Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation?..... | (X) | ( ) |
| 3. Does anyone hold a mortgage or security agreement for this business?..... | ( ) | (X) |
| 4. Have you or anyone listed on this application borrowed money from or accepted money, equipment, fixtures, or anything of value from an owner or representative of a distiller, rectifier, blender, bottler, manufacturer, brewer, distributor, exporter, importer or retailer or secured a loan from any source connected with the alcoholic beverage industry?..... | ( ) | (X) |

5. If purchasing the business, what is the purchase price?..... $ N/A

6. List the total investment:..... $ 500.00 MA

A. Total CASH invested..... $ 500.00 5/24

B. Total LOANS invested..... $ -0-

7. List below the names of all persons, firms or corporations that have or will advance any money for the operation of this business or that will hold any mortgage or security agreement against this business or have the right or ability to receive money from the business.

| NAME | TYPE OF LOAN | AMOUNT OF LOAN |
|---|---|---|
| BM | 5/21/92 | BM |
| | | |
| | | |
| | | |
| | | |

Section VII

Each corporate applicant must complete this section

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

YES _____ NO X

If the answer is "YES", please list all of the particulars including the date of conviction, the crime for which the corporation was convicted, and the City, County, State, and Court where the conviction took place.