



APPLICATION NUMBER
19-SE-004

RECEIVED
APR 08 2019
BY: *Shau*

via email

**SPECIAL EXCEPTION USE APPLICATION
FOR**

ENTER TYPE OF USE /BUSINESS:

Business Name: Surterra Holdings, Inc.
Business Address: 55 Ivan Allen Jr. Blvd NW, 9th Floor
Atlanta, Ga. 30308
Business Telephone Number: 404-920-4890
Business Email: _____

APPLICANT AND CONTACT INFORMATION

Applicant Name: Surterra Holdings, Inc.
Applicant Address: 20 N. Orange Avenue, 11th Floor, Suite 1100
Orlando, FL 32801
Applicant Telephone Number: —
Applicant Mobile Telephone Number: 407-437-1632
Applicant Email address: jbushy@surterra.com

**FILL IN BELOW THE CONTACT INFORMATION FOR ANYONE ELSE WHO SHOULD
RECEIVE COPIES OF NOTICES /CORRESPONDENCE**

Name: Jonathan Hughes
Address: 20 N. Orange Avenue, 11th Floor, Suite 1100

Telephone Number: — **Mobile:** 404-345-6059
Email address: jhughes@surterra.com

APPLICATION NUMBER



SPECIAL EXCEPTION USE APPLICATION FOR

ENTER TYPE OF USE /BUSINESS:

Business Name: _____
Business Address: _____
Business Telephone Number: _____
Business Email: _____

APPLICANT AND CONTACT INFORMATION

Applicant Name: University Shoppers, LLC (Sew Susi)
Applicant Address: 7806 Charney Lane
Boca Raton, FL 33496
Applicant Telephone Number: 561-483-2030
Applicant Mobile Telephone Number: _____
Applicant Email address: Sam@SusiEnterprises.com

FILL IN BELOW THE CONTACT INFORMATION FOR ANYONE ELSE WHO SHOULD RECEIVE COPIES OF NOTICES /CORRESPONDENCE

Name: _____
Address: _____
Telephone Number: _____ Mobile _____
Email address: _____

APPLICATION NUMBER _____



RECEIVED

APR 12 2019

SPECIAL EXCEPTION USE APPLICATION FOR

ENTER TYPE OF USE / BUSINESS:

State licensed medical marijuana dispensary

Business Name: Surterra Holdings, Inc.

Business Address: 4946-4950 N. University Drive
Lauderhill FL 33351

Business Telephone Number: —

Business Email: —

APPLICANT AND CONTACT INFORMATION

Applicant Name: _____

Applicant Address: _____

Applicant Telephone Number: _____

Applicant Mobile Telephone Number: _____

Applicant Email address: _____

FILL IN BELOW THE CONTACT INFORMATION FOR ANYONE ELSE WHO SHOULD
RECEIVE COPIES OF NOTICES /CORRESPONDENCE

Name: _____

Address: _____

Telephone Number: _____ Mobile _____

Email address: _____

APPLICATION NUMBER

Name: Sam Susi

Address: 7806 Charney Lane
Boca Raton, FL 33496

Telephone Number: 561-483-2030 Mobile —

Email address: Sam@SusiEnterprises.com

INFORMATION ABOUT THE USE/ BUSINESS

Business Description (Please list all activities conducted at your business):

Sarterra is a state licensed Medical Marijuana Treatment Center authorized to dispense medical marijuana in the state of Florida pursuant to Chapter 381, Florida Statutes.

Date the business opened or is expected to be opened: 11-2019

The Days and Hours of operation for the business :

LIST NEXT TO EACH DAY, THE HOURS YOU WILL BE OPEN

LIST NEXT TO EACH DAY THE # OF EMPLOYEES ON DUTY

Sunday	<u>12 pm</u> to <u>5 pm</u>	<u>6</u>
Monday	<u>10 am</u> to <u>7 pm</u>	<u>6</u>
Tuesday	<u>10 am</u> to <u>7 pm</u>	<u>6</u>
Wednesday	<u>10 am</u> to <u>7 pm</u>	<u>6</u>
Thursday	<u>10 am</u> to <u>7 pm</u>	<u>6</u>
Friday	<u>10 am</u> to <u>7 pm</u>	<u>6</u>
Saturday	<u>10 am</u> to <u>7 pm</u>	<u>6</u>

How many persons will the proposed business employ?

13-15

APPLICATION NUMBER

AFFIDAVIT

I, Samuel Susi, DO HEREBY SWEAR OR AFFIRM

1. THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND THE ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
2. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS OF THE CITY OF LAUDERHILL, FLORIDA, SPECIFICALLY, SCHEDULE E, SUBSECTION 5.(9), PARAGRAPH (B), I WILL CAUSE A SIGN AT LEAST THREE (3) SQUARE FEET IN SIZE TO BE POSTED ON THE SUBJECT PROPERTY FACING AND VISIBLE FROM THE STREET AT LEAST TEN (10) DAYS PRIOR TO THE PUBLIC. MOREOVER, I CERTIFY THE SIGN WILL REMAIN POSTED FOR THE DURATION OF THE TIME REQUIRED FOR THE POSTING OF THE SUBJECT PROPERTY AND A PHOTOGRAPH OF THE SIGN POSTED ON THE SUBJECT PROPERTY WILL BE PROVIDED TO THE CITY OF LAUDERHILL PLANNING AND ZONING DEPARTMENT AT LEAST SEVEN (7) DAYS PRIOR TO THE PUBLIC HEARING.
3. I WILL CAUSE THIS SAME SIGN TO BE REMOVED WITHIN SEVEN (7) CALENDAR DAYS AFTER THE HEARING.

PRINT YOUR NAME: Samuel Susi * Managing Member of University Shoppes LLC

SIGN YOUR NAME: _____

DATE: 04/02/19

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 02 DAY OF April, 20 19, BY Samuel Susi, WHO IS

PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____ AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC

SIGN: _____

PRINT: _____

STATE OF FLORIDA AT LARGE SEAL

MY COMMISSION EXPIRES:


 Dakota Wenig
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# GG071229
 Expires 2/8/2021

YOUR SUBMISSION

1. The original application with Attachments 1 -8 .
2. A check made payable to the City of Lauderhill for the appropriate fee amount.

What are the job titles and approximate salaries for the proposed employees?

Manager - \$50,000 - \$60,000
Assistant Manager - \$40,000 - \$50,000
Wellness Coordinator - \$18/hr.

Square footage of building space to be occupied by the business : 4,166

INFORMATION ABOUT THE SITE

Property Owner Name: University Shoppes, LLC
Property Owner Street Address: 7806 Chalmers Lane
City, State & Zip Code: Boca Raton, FL 33496
Telephone #: 561-483-2030 Email Sam@SusiEnterprises.com

STANDARDS FOR APPROVAL
THE EFFECTS OF YOUR USE/BUSINESS ON THE COMMUNITY

Describe how your business will affect the residents who live close by:
Please see attached response.

Describe how this business/use will affect neighboring businesses:
Please see attached response

What site characteristics make this location suitable for your use/ business:
Please see attached response

Will this use/ business affect the community economically?

Please see attached response.

ADDITIONAL DEMANDS ON UTILITIES, COMMUNITY FACILITIES, AND PUBLIC SERVICES

Describe any fire hazards associated with your business:

Please see attached response.

Describe what security measures your business will require:

Please see attached response.

Describe any chemicals, fluids, gases or potentially hazardous substances that your business will use or store on site:

Please see attached response.

Describe any activity in your business that will use water other than normal washing and toilet use

Please see attached response.

Describe any activity in your business that will utilize City park facilities:

Please see attached response.

Describe any activity in your business that will generate noise, light or vibration:

Please see attached response.

APPLICATION NUMBER

Describe transit, automobile or pedestrian traffic that your business will create in the area:

Please see attached response.

Describe any activity in your business that will involve alcohol, music or live entertainment:

Please see attached response.

Describe any other aspects of your business about which you feel that the reviewer should know: Please see attached response.

ATTACH THESE DOCUMENTS TO THIS APPLICATION

1. Site Plan
2. Floor Plan
3. Inventory of Fixtures and Equipment
4. Legal Description
5. Certified Mailing list with two (2) sets of labels for all property owners within 300 feet of the site.
6. Copy of Lease (For Applicants who are renting)
7. Copy of Deed or Contract to Purchase (For Applicant who own or intends to own)
8. Letter from property owner authorizing you to apply for a special exception.

NOTE: STAFF MAY REQUIRE ADDITIONAL INFORMATION.

AFFIDAVIT

I, Jonathan Hughes, DO HEREBY SWEAR OR AFFIRM

1. THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND THE ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
2. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS OF THE CITY OF LAUDERHILL, FLORIDA, SPECIFICALLY, SCHEDULE E, SUBSECTION 5.(9), PARAGRAPH (B), I WILL CAUSE A SIGN AT LEAST THREE (3) SQUARE FEET IN SIZE TO BE POSTED ON THE SUBJECT PROPERTY FACING AND VISIBLE FROM THE STREET AT LEAST TEN (10) DAYS PRIOR TO THE PUBLIC. MOREOVER, I CERTIFY THE SIGN WILL REMAIN POSTED FOR THE DURATION OF THE TIME REQUIRED FOR THE POSTING OF THE SUBJECT PROPERTY AND A PHOTOGRAPH OF THE SIGN POSTED ON THE SUBJECT PROPERTY WILL BE PROVIDED TO THE CITY OF LAUDERHILL PLANNING AND ZONING DEPARTMENT AT LEAST SEVEN (7) DAYS PRIOR TO THE PUBLIC HEARING.
3. I WILL CAUSE THIS SAME SIGN TO BE REMOVED WITHIN SEVEN (7) CALENDAR DAYS AFTER THE HEARING.

PRINT YOUR NAME: Jonathan Hughes

SIGN YOUR NAME: [Signature]

DATE: 4/4/2019

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 4th DAY OF April, 20 19, BY Amy Sabillon Jonathan Hughes WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED Driver's License AS IDENTIFICATION AND WHO DID TAKE AN OATH.

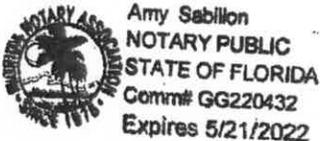
NOTARY PUBLIC

SIGN: [Signature]

PRINT: Amy Sabillon

STATE OF FLORIDA AT LARGE SEAL

MY COMMISSION EXPIRES: 5/21/2022



YOUR SUBMISSION

1. The original application with Attachments 1 -8 .
2. A check made payable to the City of Lauderhill for the appropriate fee amount.

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Fees	
Special Exception Use Application Fee.....	\$600.00
Cost of Mailing (minimum amount or actual cost of mailing, whichever is greater).....	90.00
Criminal Background Check(for child/elder care facility, game room or convenience store) PER PERSON.....	38.50

Should you have any questions concerning this application, please call Planning and Zoning at 954-730-3050.

SIGN SPECIFICATIONS:

Sign will be three (3) feet by three (3) feet in size and of a durable material. The applicant is required to post the sign on the property for which approval is sought at least ten (10) days before the public hearing. No permit shall be required for such sign. The sign shall be posted upon the property so as to face, and be visible from, the street upon which the property is located.

SIGN must be WHITE background, BLACK letters.

SIGN must be securely attached to two, 2" x 4" posts (with nails or screws), and must be a minimum of 3' above ground level.

POSTS shall be set a minimum of 18" below ground level.

**CITY OF LAUDERHILL
NOTICE
OF
PUBLIC HEARING**

SPECIAL EXCEPTION

DATE:

TIME:

LOCATION:

**COMMISSION CHAMBERS
5581 WEST OAKLAND PK BLVD
LAUDERHILL, FLORIDA**

**FOR ADDITIONAL INFORMATION
PLEASE CALL 954-730-3050**

REAL ESTATE RESEARCH SERVICES

Alldata Real Estate Systems, Inc.
290 NE 51st Street
Ft. Lauderdale, FL
(954) 772-1800

Cutro & Associates, Inc.
1025 Yale Drive
Hollywood, FL
(954) 920-2205

Florida Real Estate Decisions, Inc.
1500 West Cypress Creek Road
Suite 409
Ft. Lauderdale, FL
(954) 761-9003

Florida Real Estate Decisions, Inc.
12765 W. Forest Hill Boulevard
Suite 1314
Wellington, FL
(561) 798-4423

Florida Real Estate Decisions, Inc.
16375 NE 18th Avenue
Suite 300
Miami, FL
(305) 757-6884

***The above mentioned companies have provided the required certified mailing list for previous applicants.**

This is not a recommendation just a list of companies who have provided this service in the past.

Please refer to the yellow pages for additional sources.