



APPLICATION NUMBER
19-SE007

PLANNING & ZONING DIVISION

AUG 28 2019

RECEIVED

SPECIAL EXCEPTION USE APPLICATION FOR

ENTER TYPE OF USE /BUSINESS:
Sonic Drive Thru Restaruant

Business Name: Sonic Drive Thru

Business Address: 8188 West Commercial Blvd.
Lauderhill, FL 33351

Business Telephone Number: 305-680-8684

Business Email: andrew.wendt89@yahoo.com

APPLICANT AND CONTACT INFORMATION

Applicant Name: AQSR Lauderhill, LLC

Applicant Address: 5409 Overseas Hwy.
Marathon, FL 33050

Applicant Telephone Number: 305-680-8684

Applicant Mobile Telephone Number: 305-680-8684

Applicant Email address: andrew.wendt89@yahoo.com

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

Name: Gregory S. Oropeza, Esq.

Address: 221 Simonton Street
Key West, FL 33040

Telephone Number: 305-294-0252 **Mobile** 305-304-1348

Email address: greg@oropezastonescardenas.com

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Name: _____

Address: _____

Telephone Number: _____ Mobile _____

Email address: _____

INFORMATION ABOUT THE USE/ BUSINESS

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

Operation of a Sonic Drive Thru Restaurant

Date the business opened or is expected to be opened: May 15, 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>7 AM</u> to <u>1 AM</u>	<u>6-8</u>
Monday	<u>7 AM</u> to <u>1 AM</u>	<u>6-8</u>
Tuesday	<u>7 AM</u> to <u>1 AM</u>	<u>6-8</u>
Wednesday	<u>7AM</u> to <u>1 AM</u>	<u>6-8</u>
Thursday	<u>7 AM</u> to <u>1 AM</u>	<u>6-8</u>
Friday	<u>7 AM</u> to <u>2 AM</u>	<u>6-8</u>
Saturday	<u>7 AM</u> to <u>2 AM</u>	<u>6-8</u>

How many persons will the proposed business employ?

15-20 employees

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List the job titles and approximate salaries for the proposed employees?

Manager - \$60,000 annually

Assistant Manager - \$40,000 annually

Cooks - \$10-\$14/hour

Cashiers - \$10-\$14/hour

Square footage of building space to be occupied by the business : 4,181 sq. ft.

INFORMATION ABOUT THE SITE

Property Owner Name: OKS Commercial & U, LLC

Property Owner Street Address: 999 Brickell Avenue, Suite 560

City, State & Zip Code: Miami, FL 33131

Telephone #: 305-424-4444

Email arthur@queensfortcapita
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:

This is an existing business and only a change in business ownership. Therefore, there will not be any change in circumstances or impact to residents.

Describe how this business/use will affect neighboring businesses:

This is an existing business and only a change in business ownership. Therefore, there will not be any change in circumstances or impact to businesses.

What site characteristics make this location suitable for your use/ business:

The site is an existing drive thru restaurant.

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How will this use/ business affect the community economically?

The continued operation of the business will provide and maintain the existing economic impacts already provided as well as employment opportunities.

ADDITIONAL DEMANDS ON UTILITIES, COMMUNITY FACILITIES, AND PUBLIC SERVICES

Describe any fire hazards associated with your business: None

Describe what security measures your business will require: None

Describe any chemicals, fluids, gases or potentially hazardous substances that your business will use or store on site: None

Describe any activity in your business that will use water other than normal washing and toilet use None

Describe any activity in your business that will utilize City park facilities: None

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

Standard lighting during nighttime hours of operation.

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

This application request will not create any new traffic
as the business is existing.

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

None

Describe any other aspects of your business about which you feel that the reviewer should know: None

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.

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AFFIDAVIT

I, Gregory S. Oropeza, 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 ON 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: Gregory S. Oropeza

SIGN YOUR NAME: *Gregory S. Oropeza*

DATE: August 23, 2019

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 23 DAY
 OF August, 2019, BY Gregory S. Oropeza, WHO IS
 PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____
 AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC



SIGN: *Patricia Gae Ganister*

PRINT: Patricia Gae Ganister

STATE OF FLORIDA AT LARGE SEAL

MY COMMISSION EXPIRES:

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.

**SPECIAL EXCEPTION USE APPLICATION
ADDITIONAL REQUIREMENTS
FOR**

CHILD CARE/SCHOOLS

THE FOLLOWING REQUIREMENTS ARE IN ADDITION TO THOSE LISTED ON THE SPECIAL EXCEPTION USE APPLICATION. PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION (1 COPY ONLY):

1. Provide evidence of financial responsibility: Submit monthly profit and loss statements for 1 year period and a bank statement showing sufficient resources to cover any losses.
2. Provide evidence of ownership of the property or a contract or option to purchase or lease.
3. Provide evidence of a letter submitted to the Department of Public Services, Social Services Division, acknowledging your desire operate a child care facility.
4. Evidence of past job and education experience or both showing that the applicant and employees of the applicant are qualified to operate a child care facility.
5. List of all persons with a financial interest in the facility, along with affidavits from each stating whether or not that person was ever convicted of a crime. Also provide a copy of each person's driver's license and social security number.
6. The owner or operator of any child care facility shall annually provide proof that said facility has obtained and will continue in effect a Comprehensive General Liability Insurance Policy in the minimum amount of three hundred thousand dollars (\$300,000.00) for bodily injury and property damage. Proof of such insurance policy shall be provided to the Finance Department in conjunction with the filing of the Local Business Tax Receipt application. Said owner or director shall also provide the Finance Department thirty (30) days prior notice of the expiration or cancellation of said insurance policy.
7. Demonstrate conformance with the usable indoor floor space, outdoor play area, staff-to-child ratio, and toilet and bath facility requirements in Florida Administrative Code Section 65C-22.002, as may be amended from time-to-time.
8. If transportation services are provided, the following requirements shall apply:
 - a. The transportation services requirements specified in the Florida Administrative Code as may be amended from time-to-time.
 - b. Annually provide proof that said facility has obtained and will continue in effect a Comprehensive General Liability Insurance Policy in the minimum amount of one million dollars (\$1,000,000.00) for bodily injury and property damage. Proof of such

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insurance policy shall be provided to the Finance Department in conjunction with the filing of the Local Business Tax Receipt application. Said owner or director shall also provide the Finance Department thirty (30) days prior notice of the expiration or cancellation of said insurance policy.

9. Any other documentation that the Planning and Zoning Director deems relevant to the operation of such facility.

