



MEMORANDUM

PUBLIC NOTICE

The Board of Commissioners of the City of Madeira Beach will hold a Public Hearing on **November 8, 2023, at 6:00 p.m.**, or as soon thereafter as the matter may be heard, at the Patricia Shontz Commission Chambers at 300 Municipal Drive, Madeira Beach, Florida 33708 to review an application for approval by the Board of Commissioners for a Special Food Service Establishment (4COP SFS) Alcoholic Beverage License with stated intent to sell beer, wine, and liquor for consumption on premises at Don the Beachcomber located at 15015 Madeira Way, Ste 100, Madeira Beach, Florida, 33708.

Special Food Service Establishment (4COP SFS) ALCOHOLIC BEVERAGE LICENSE APPLICATION # 2023-07

Applicant(s): Marc Brown

Name of Partnership, Corporation, LLC: Tiki Docks Madeira, LLC

Business Location: 15015 Madeira Way, Ste 100, Madeira Beach, Florida, 33708

Business: Don the Beachcomber

Application Request:

Pursuant to Land Development Code Article VI, Division 6, Alcoholic Beverages, the applicant for ABP 2023-07, is requesting authorization from the Board of Commissioners for the approval of a Special Food Service Establishment (4COP SFS) Alcoholic Beverage License with stated intent to sell beer, wine, and liquor for consumption on premises at Don the Beachcomber located at 15015 Madeira Way, Ste 100, Madeira Beach, Florida, 33708. The property is zoned PD, Planned Development and has a Future Land Use designation of Planned Redevelopment-Mixed Use, PR-MU.

Note:

You have received this notice, pursuant to City Code Section 110-539, because you are a property owner within 300 feet of the subject property. If you are desirous of voicing approval or disapproval of this application, you may attend the Public Hearing for this application.

A copy of the application is available for inspection in the Community Development Department between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday. If you would like more information regarding the application, please contact Andrew Morris, Long Range Planner at 727-391-9951, ext. 296 or amorris@madeirabeachfl.gov.



Any affected person may become a party to this proceeding and can be entitled to present evidence at the hearing including the sworn testimony of witnesses and relevant exhibits and other documentary evidence and to cross-examine all witnesses by filing the attached Notice of Intent to be a party with the Community Development Department not less than five days prior to commencement of the hearing. The completed form may be emailed or submitted in person to the following:

Community Development Department
300 Municipal Drive
Madeira Beach, FL 33708

Andrew Morris, Long Range Planner
amorris@madeirabeachfl.gov
727-391-9951, ext. 296

Posted:

October 20, 2023 @ Property Site, Gulf Beaches Public Library, City Hall, City of Madeira Beach, and Website Posting Locations.

Note: One or more Elected or Appointed Officials may be in attendance. Any person who decides to appeal any decision of the Board of Commissioners with respect to any matter considered at this meeting will need a record of the proceedings and for such purposes may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based. The law does not require the City to transcribe verbatim minutes; therefore, the affected party must make the necessary arrangements with a private reporter or private reporting firm and bear the resulting expense. In accordance with Section 286.26, Florida Statutes, persons with disabilities needing special accommodations to participate in this meeting must contact Community Development Director, Jenny Rowan no later than 48 hours prior to the meeting: (727) 391-9951, Ext. 255 or 244 or send a written request to planning@madeirabeachfl.gov.





NOTICE OF INTENT TO BE AN AFFECTED PARTY

AFFECTED PERSON INFORMATION

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

APPLICATION INFORMATION

Case No or Application No., whichever applies: _____

Applicant's Name: _____

Signature of Affected Person

Date

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