



GROWTH MANAGEMENT DEPARTMENT
DEVELOPMENT SERVICES
201 SE 3rd Street, Second Floor, Ocala, FL 34471
Phone: (352) 629-8487
licensing@ocalafl.gov | www.ocalafl.gov

ALCOHOL PERMIT

- Public Hearing - **\$350.00** for new location + **\$50.00** Sign Deposit (Refundable after the council hearing and if sign is in the same condition as when posted.)
- Change of ownership/leaseholder - **\$200.00**

1. Name of Applicant(s): Joel Cartagena-Cruz
(Must be identical to applicant name provided on the State of Florida Alcohol Beverage License application made by the applicant pursuant to Florida Statute, §561.17. Any variation will automatically void any issued location permit.)

Address of Applicant(s): 1532 S. Pine Ave

City Ocala State FL Zip Code 34470 Phone # 352 812 4482

Fax # _____ Email address graffiti'seafoodandmore@gmail.com

2. Form of Applicant Business: (Check one)

- Florida corporation _____
- Foreign corporation _____
- Partnership _____
- LLC X _____
- Sole Proprietorship _____
- Other: _____
- (Specify type and State of organization) _____

3. Partners: (Names of all partners in partnership and percentage financial interest of each Partner) [Attach additional pages if necessary]

Ahlan N. Taber _____

4. Corporate Officers: (Names of all corporate officers and shareholders and percentage financial interest of each shareholder of the outstanding corporate stock if a Florida or Foreign Corporation or LLC) {Shareholder information not required for publicly traded corporations} [Attach additional pages if necessary]

_____	_____
_____	_____
_____	_____
_____	_____

5. Name under which business will be conducted:

Graffiti Seafood & More

6. Is there a business there now? Yes

If yes, name of business: Graffiti Seafood & More

7. a. Location Address: 1532 S. Pine Ave

City Ocala State FL Zip Code 34471

- b. Parcel account number(s) [from tax roll]: 28575-010-09

c. Section 19 Township 15 Range 22 Size of Property _____

- d. Legal Description: (Please attach)

NOTE: It shall be the applicant's responsibility to provide the correct legal description for the subject property. The application will not be processed until a correct legal description is provided.

8. Business mailing address: 1532 S. Pine Ave

City Ocala State FL Zip Code 34471 Phone # 352 355 2523

Fax # _____ Email address graffiti'seafoodandmore@gmail.com

9. Hours of Operation: 10am - 10pm Friday 10am - Midnight

10. Permit use description:

- ☐ on premises consumption/bar
☒ on premises consumption/restaurant
☐ on premises consumption/outside enclosed building
☐ off premises consumption
☐ on and off premises consumption

11. State License Type (specify): 2COP

12. Property Owner: Ginger LTD, LLC

Property owner's address: 3598 NW 56th Ave

City Ocala State FL Zip Code 34482 Phone # 352-361-5689

Fax # n/a Email address gnativio@hotmail.com

13. The following items are required to complete this application, prior to advertisement (required for a public hearing in order to issue a location permit for profit special events):

- If applicant is not the property owner, attach written consent from owner for application; also, if owner's name does not appear on the Marion County tax rolls, please attach a copy of the deed showing owner's title.
- Business owner's signature notarized; also signature of agent, if applicable.
- The appropriate fee in cash, Visa, MasterCard or check (Payable to the City of Ocala).
- Must provide to the Planning & Zoning Division a copy of the vendor's state issued Alcoholic beverage license within a period of 90 days of alcohol permit approval or the alcohol permit will be automatically voided and of no legal effect.

e. A sketch or a drawing will need to be submitted that reflects the:

- Ingress/Egress to the building
- The number of parking spaces
- The building square foot

f. If on premise consumption:

- How many stools/seats will be provided in the establishment? 48
- What is the square footage of the building? 1813
- How many employees will you have on maximum shift? 4-6
- How many parking spaces are there? 22

Permit No. _____

ATTENDANCE at the public hearing by the applicant
or agent (as designated in writing) **IS MANDATORY**

I, Joel Cartagena - Cruz, being first duly sworn, affirm and say that I understand that my request will not be considered unless all the information required by this application is submitted. I further certify that all statements made in this application are true to the best of my knowledge and that any incorrect information will void the location permit, if issued.

Applicant, Business or Agent's Signature (Must be actual applicant if sole proprietorship, partner if applicant is partnership or corporate Officer if applicant is corporation)

Joel Cartagena - Cruz
Printed Name

1532 S. Pine Ave
Address

Orlando, FL 34471
City, State, Zip Code

State of FLORIDA

County of DADE

The foregoing instrument was acknowledged before me by means of ☒ physical presence or

☐ online notarization, this 17th day of March, 2025,

by Joel Cartagena - Cruz as owner for

Grattiti Seafood and More

Jennifer Blanco
Signature of Notary Public



Print/Type/Stamp Commissioned Name of Notary

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

INFORMATION REGARDING ALCOHOLIC BEVERAGE LOCATION PERMITS

When applying for a permit an applicant may seek more than one type of location permit for the same location, as described in the application form.

A location permit granted by the City may be granted to an individual, group of individuals or any legal entity recognized by the State of Florida, but any such permit granted shall not be transferable to another party or to a location other than that described in the original application.

A public hearing is required to be held by the city council for new location permits. If a location permit was issued after January 1, 2008, the building director may approve the request without the requirement for a public hearing.

The building director may approve or deny a location permit pursuant to Section 6-33(g):

- (1) A bona fide nonprofit civic organization for on-premise consumption for a special event;
- (2) An existing site with a location permit changing ownership;
- (3) An existing site with a location permit changing the type of permit; or
- (4) A former site with a location permit issued after January 1, 2008, seeking a new permit.

Applicants requesting on-premise consumption outside an enclosed building shall submit an application for a public hearing. A site plan must be submitted with the application and shall be reviewed by the building, planning and fire departments. The notice for the public hearing shall conform to the requirements as indicated in Section 3-25, paragraph (c). At the public hearing, the city council shall consider this request as a separate issue and shall be guided by the criteria listed below:

- (1) The size and location of the portion of property to be used for outside consumption;
- (2) Ingress/egress to the outside area;
- (3) The proximity of the outside area to schools, churches, public recreation areas, public buildings and areas of public assembly, taking into consideration noise and light intrusion;
- (4) The proximity of the outside area to established residential areas, taking into consideration noise and light intrusion;
- (5) The proximity of the establishment to other establishments operating outside consumption;
- (6) Hours of operation; and
- (7) Screening and buffering.

Excessive or disturbing noise is a violation of Section 34-171 of the City's Code of Ordinances. The Ocala Police Department may terminate any event which is considered to be in violation of this code. A fine may be imposed for contravention of the noise regulation.

Signature _____

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000001642

Entity Name: GINGER LTD, LLC

Current Principal Place of Business:

3598 NW 56TH AVE.

OCALA, FL 34482

FILED
Mar 21, 2024
Secretary of State
1378595370CC

Current Mailing Address:

3598 NW 56TH AVE.

OCALA, FL 34482

FEI Number: 92-2293611

Name and Address of Current Registered Agent:

NATIVIO, REGINA L

3598 NW 56TH AVE.

OCALA, FL 34482 US

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MBR

Name REGINA L. NATIVIO

Address 3598 NW 56TH AVE.

City-State-Zip: OCALA FL 34482

Title MGR

Name REGINA L. NATIVIO

Address 3598 NW 56TH AVE.

City-State-Zip: OCALA FL 34482

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: REGINA NATIVIO

MANAGING MEMBER

03/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date