

From: Paul Bassar PBASSAR@hollywoodfl.org  
Subject: City of Hollywood Food/Beverage Services at City Hall  
Date: Nov 13, 2018 at 9:20:03 AM  
To: elgrancafecito@gmail.com

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Hello Hedy/Toribio—

A pleasure meeting with you last week. This email is to summarize our meeting as to the next steps that are needed to enter into an Agreement with your company. Understanding that any Agreement must be approved by the City Commission.

From 11/13/2018 – 12/4/2018 you are responsible for:

- Reviewing the current Agreement (given to you at our meeting today). We discussed that the same Agreement will be applicable with a follow-on Agreement with your company. You are too confirm that the Agreement is acceptable.
- You are to provide a copy of the following documents to me:
  - ✓ Active Registration in Sunbiz
  - ✓ W9
  - Hollywood Local Business Tax → *pending*
  - State of Florida Department of Business and Professional → *pending*  
Regulation
  - ✓ State of Florida Certificate of Registration
  - ✓ A menu with pricing.
- You will be required to:
  - ✓ Conduct a physical inventory of existing equipment
  - Provide personal information with the City's HR Department to begin a background check—Someone from HR will contact you to obtain the required information.
  - ✓ Certificate of Insurance—I already have this document and it's in the right amount and is active.

By way of this email you can provide Food/Beverage services for a trial period beginning 11/13/2018 through 12/4/2018 under the same terms and conditions of the exiting Agreement, with the existing employees who are already cleared to work. This trial period is not a consent to the assignment

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## Fictitious Name Detail

### Fictitious Name

ALEXANDRA

### Filing Information

Registration Number G18000111782

Status ACTIVE

Filed Date 10/15/2018

Expiration Date 12/31/2023

Current Owners 1

County BROWARD

Total Pages 1

Events Filed NONE

FEI/EIN Number 83-2204187

### Mailing Address

3821 SW 59 AVE  
DAVIE, FL 33314

### Owner Information

EL GRAN CAFECITO INC

3821 SW 59 AVE

DAVIE, FL 33314

FEI/EIN Number: 83-2204187

Document Number: P18000084027

### Document Images

[10/15/2018 -- Fictitious Name Filing](#)[Previous on List](#) [Next on List](#) [Return to List](#)[Fictitious Name Search](#)[No Filing History](#)

# **APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

REGISTRATION# G18000111782

Fictitious Name to be Registered: ALEXANDRA

Mailing Address of Business: 3821 SW 59 AVE  
DAVIE, FL 33314

Florida County of Principal Place of Business: BROWARD

FEI Number: 83-2204187

**FILED**  
**Oct 15, 2018**  
**Secretary of State**

Owner(s) of Fictitious Name:

EL GRAN CAFECITO INC  
3821 SW 59 AVE  
DAVIE, FL 33314  
Florida Document Number: P18000084027  
FEI Number: 83-2204187

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

HEDY Y QUINTANA

10/15/2018

Electronic Signature(s)

Date

Certificate of Status Requested ( )

Certified Copy Requested ( )

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type.  
See Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>EL GRAN CAFECITO INC</b>	
2 Business name/disregarded entity name, if different from above <b>ALEXANDRA'S RESTAURANT</b>	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>S</b> <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. <b>2723 HOLLYWOOD BLVD</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>HOLLYWOOD FL 33020</b>	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
8	3		-	2	2	0	4	1	8 7

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► <b>11/15/2018</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

# STATE OF FLORIDA

## DIVISION OF HOTELS AND RESTAURANTS

### DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

www.myfloridalicense.com

#### Food Service Inspection Report

This inspection report must be made public upon request per Florida law.

**Met Inspection Standards during this visit**  
**ANY VIOLATIONS noted herein must be corrected by the**  
**NEXT UNANNOUNCED inspection unless otherwise stated.**

Inspection Date: Nov 19, 2018 09:15	License Expiration:
License Number: 1621593 Rank:	Inspection Reason: Food-Licensing Inspection
Owner Name: EL GRAN CAFECITO INC	Business Name: ALEXANDRA'S
Location Address: 2723 HOLLYWOOD BLVD	License Type: Permanent Food Service
HOLLYWOOD FL 33020	Telephone Number:
Number of Units: 0	Reinspection on or After:

#### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

01A Food obtained from approved source	IN	07 Unwrapped or PH/TCS food not re-served	IN
01B Food safe and unadulterated; sound condition	IN	08A Separating raw animal foods from: each other, RTE foods and unwashed produce	OUT
01C Shellstock tags; commingling	N/A	08B Food protection during preparation, storage and display	IN
01D Parasite destruction for raw/undercooked fish	N/A	09 Bare hand contact with RTE food; Alternative Operating Procedure (AOP)	IN
02A Consumer advisory on raw/undercooked oysters	N/A	11 Employee health knowledge; ill/symptomatic employee present	IN
02B Consumer advisory on raw/undercooked animal foods	OUT	12A Hands clean and washed properly; use of hand antiseptic if use of AOP	IN
02C Date marking ready-to-eat (RTE) potentially hazardous / time/temperature control for safety foods	IN	12B Employee eating, drinking, tasting food, smoking	IN
03A Receiving and holding PH/TCS foods cold	IN	22 Food-contact surfaces clean and sanitized	IN
03B Receiving and holding PH/TCS foods hot	N/O	31A Handwash sink(s) installed, accessible, not used for other purposes	IN
03C Cooking raw animal foods and plant foods; non-continuous cooking of raw animal foods	N/O	31B Handwashing supplies and handwash sign provided	IN
03D Cooling PH/TCS foods; proper cooling methods	N/O	41 Chemicals/toxic substances	IN
03E Reheating PH/TCS foods for hot holding	N/O	53A Food manager certification; knowledge/active managerial control (except employee health)	IN
03F Time as a Public Health Control	N/A	53B State approved food handler training; employee duty specific training/knowledge	N/A
03G Reduced oxygen packaging (ROP) and other Special Processes	N/A		

#### GOOD RETAIL PRACTICES

02D Food items properly labeled; original container		35A No presence or breeding of insects/rodents/pests; no live animals	
04 Facilities to maintain PH/TCS foods at the proper temperature		35B Outer openings protected from insects/pests, rodent proof	
05 Food and food equipment thermometers provided and accurate		36 Floors, walls, ceilings and attached equipment properly constructed and clean; rooms and equipment properly vented	OUT
06 PH/TCS foods properly thawed		38 Lighting provided as required; fixtures shielded or bulbs protected	OUT
10 In use food dispensing utensils properly stored		40 Employee personal belongings	
13 Clean clothes; hair restraints; jewelry; painted/artificial fingernails		42 Cleaning and maintenance equipment	
14 Food-contact and nonfood contact surfaces designed, constructed, maintained, installed, located		43 Complete separation from living/sleeping area/private premise; kitchen restricted - no unauthorized personnel	
16 Dishwashing facilities; chemical test kit(s); gauges 1. Wash 2. Rinse 3. Sanitize		45 Fire extinguishing equipment (FOR REPORTING PURPOSES ONLY)	

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21 Wiping cloths; clean and soiled linens; laundry facilities		46 Exits not blocked or locked (FOR REPORTING PURPOSES ONLY)	
23 Non-food contact surfaces clean		47 Electrical wiring/outlets in good repair (FOR REPORTING PURPOSES ONLY)	
24 Storage/handling of clean equipment, utensils; air drying		48 Gas appliances; boiler certificate current/posted (FOR REPORTING PURPOSES ONLY)	
25 Single-service and single-use items	OUT	49 Flammable/combustible materials (FOR REPORTING PURPOSES ONLY)	
27 Water source safe, hot (100F) and cold under pressure		50 Current license, properly displayed	
28 Sewage and waste water disposed properly		51 Other conditions sanitary and safe operation	
29 Plumbing installed and maintained; mop sink; water filters; backflow prevention		52 Misrepresentation; misbranding	
32 Bathrooms		54 Florida Clean Indoor Air Act Compliance	
33 Garbage and refuse; premises maintained		55 Automatic Gratuity Notice	

Items marked IN are in compliance. Items marked OUT are violations. Specific details of the violations are listed on subsequent pages. Items marked N/A are Not Applicable. Items marked as N/O are Not Observed and were not being conducted at the time of inspection.

**FOOD TEMPERATURES**

Bar Area	
Buffet Line	
Cook Line	
Front Counter	empanadas (153°F - Hot Holding)
Front Line	
Kitchen	
Prep Area	
Reach In Cooler	Line cooler ; ham (37°F); cheese (37°F); lettuce (37°F); cheese (37°F); avantco rice (37°F); Fish (37°F); Fish (37°F); Beef (37°F); eggs (37°F)
Reach In Freezer	
Steam Table/Bain Marie	
Storage Area	
Wait Station	
Walk In Cooler	Poultry (40°F); yucca (40°F); cheese (40°F); melon (40°F); Beef (40°F); Pork (40°F); Beef (40°F)
Walk In Freezer	Poultry (frozen solid°F); Beef (frozen solid°F); Beef (frozen solid°F); Fish (frozen solid°F); Pork (frozen solid°F); vegetables (frozen solid°F)

**OTHER ITEMS**

**Certified Food Manager and Date Certified:** Hedy quintana 10/26/18  
**Manager Certified By:** National Restaurant Association Educational Foundation - ServSafe  
**Employees Trained By:**  
**Sewage:** Municipal/Utility  
**Water Source:** Municipal  
**Boiler:** Unable To View  
**Boiler Jurisdiction and Expiration:**  
**Sanitizer Details:** Triple Sink (Chlorine 100ppm); Sanitizer Bucket (Not Set Up)

<b>Inspector Comments:</b>	All new employees must be trained within 30 days. Operator paid license confirmation 187048105. Both employees are food managers.
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A link to the Florida Department of Agriculture's Food Recovery Resource Guide is located at:  
<http://www.myfloridalicense.com/DBPR/hotels-restaurants/forms-publications>

This report has been provided in printed form as requested by the person in charge at the time of inspection.

**VIOLATIONS**

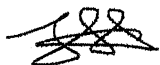
**02B-02-4 Observed: Raw/undercooked animal food offered and establishment has no written consumer advisory. Raw animal foods must be fully cooked prior to service.gave advisory to owner \*\*Corrected On-Site\*\***  
**Priority: Intermediate**

**08A-01-4 Observed: Raw animal food stored over cooked food.chicken over yucca. Chicken moved \*\*Corrected On-Site\*\***  
**Priority: High Priority**

**25-02-4 Observed: Unwrapped single-service utensils not presented so that only the handles are touched.reversed \*\*Corrected On-Site\*\***  
**Priority: Basic**

**36-47-5 Observed: Hood soiled with accumulated grease, dust or food debris. .**  
**Priority: Basic**

**38-01-4 Observed: Light shield damaged/in disrepair.prep**  
**Priority: Basic**



Signature of Recipient

Hedy Quintana

Owner

954921-9990

Nov 19, 2018 10:49



Inspector Signature

Camille Consiglio

Sanitation and Safety Specialist

5080 Coconut Creek Parkway Ste A

Margate, FL 33063

1 850 487-1395

Nov 19, 2018 10:49

STATE OF FLORIDA *License* ★  
DIVISION OF HOTELS AND RESTAURANTS  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
www.myfloridalicense.com

RECEIPT FOR LICENSE

LICENSE NUMBER: 1621593 Rank: LICENSE TYPE: 2010/Permanent Food Service

PRINT DATE: Nov 19, 2018 10:43

FILE NUMBER: 314615

Seats/Units: 0

This verifies that EL GRAN CAFECITO INC

Doing business as ALEXANDRA'S

has met the requirements for Permanent Food Service licensure to operate at:

2723 HOLLYWOOD BLVD

HOLLYWOOD FL 33020

This is authorization to operate for 30 days. An annual license will  
be mailed to the address on record within that period.



Inspector Signature

Camille Consiglio

Sanitation and Safety Specialist

5080 Coconut Creek Parkway Ste A

Margate, FL 33063

1 850 487-1395

Nov 19, 2018 10:43



## PHYSICAL INVENTORY OF EXISTING EQUIPMENT

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6 Sandwich prep station with cooler

6 tray steam table

Double milkshake maker

2 ninja blender

Frozen yogurt machine

Panini press