



CITY OF FORT LAUDERDALE
VEHICLES FOR HIRE APPLICATION

Date: September 10, 2024

TYPES OF CERTIFICATE (see definitions below)

NUMBER OF VEHICLES

- A. TAXICAB
B. MOTEL OR HOTEL COURTESY CARS
C. COURTESY CAR
D. RENTAL VEHICLE-CHAUFFEUR OR SIGHTSEEING
E. NON MOTORIZED VEHICLES-FOR HIRE
F. NON MOTORIZED VEHICLES-SELF PROPELLED

REQUIRED INFORMATION

Note: Additional information for each category can be obtained by reading Section 27-192 of the Code of Ordinances of the City of Fort Lauderdale.

THE APPLICANT IS:

- INDIVIDUAL BUSINESS ENTITY CORPORATION

PLEASE PRINT

Individual / Business Name: CR LIFTS, LLC

Address: 100 N. FEDERAL HWY, APT 930, FT. LAUDERDALE, FL 33301

Contact Person: CHARLES RESTREPO

Phone Number: 954-763-3301 E-mail address: CRESTREPO@CRPALAW.COM

1) The number of motor vehicles the applicant desires to operate, including a brief description of each (make, model and year), and the corresponding vehicle identification number (VIN) and license plate number.

Definitions (Section 27-1)

Rental car with chauffer means any passenger-type vehicle for hire that is rented with a chauffeur driver by the hour, day, week, or month.

Sightseeing vehicle means a vehicle for hire transporting passengers over the streets of the city in accordance with a contract previously made between the owner or operator and the passenger.

Applicant must attach a brief description of each vehicle desired and a description of the transportation service proposed to this application and label as EXHIBIT 1.



**Venice of America Transportation and Mobility Department**

Exhibit 1 is attached to this application.

2) *The rate and fares proposed to be charged. The applicant shall agree that all changes in rates and fares or charges whether increased or decreased shall be set by the city commission.*

Vehicle Type: LOW SPEED VEHICLE

Proposed rate and/or fare: \$5.00 TO \$10.00 PER PERSON PLUS TIPS

Vehicle Type: \_\_\_\_\_

Proposed rate and/or fare: \_\_\_\_\_

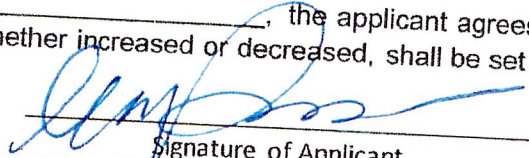
**NOTE:** If additional space is needed for rates and/or fares please attach a separate sheet and label it **EXHIBIT 2**; check box below if exhibit is being provided.

Exhibit 2 is attached to this application.

**Rates, Fares and charges agreement**

I, CR LIFTS, LLC

, the applicant agrees that all changes in rates, fares or charges, whether increased or decreased, shall be set by the city commission.



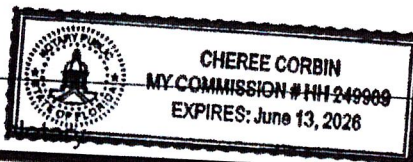
Signature of Applicant

Charles Restrepo, MGR

Name of Applicant (print or type)

Sworn to & subscribed before me this 28 day of October, 2024

Chere Corbin



The permanent location at which such vehicle(s) will be stored or parked when not in use.

Permanent Location: 100 N. FEDERAL HWY. APT 930, FT. LAUDERDALE, FL 33301



*Venice of America* **Transportation and Mobility Department**

3) *The identity of the actual owner or owners of such vehicle(s) if the applicant does not own such vehicle(s).*

- The applicant is the owner of the vehicle(s) listed in this application.
- The applicant does not own the vehicle(s) listed in this application.

The vehicle(s) is/are owned by:

Name: CR LIFTS, LLC

Address: 100 N. FEDERAL HWY, APT 930, FT. LAUDERDALE, FL 33301

Phone: 954-763-3301

**NOTE:** Where additional space is needed due to multiple owners or partial ownership by the applicant and another person, attach separate sheets and label them as **EXHIBIT 3**. Please check the box below if extra sheets are provided. Leave box blank if all the ownership information is provided on this form.

- Exhibit 3 is attached to this application.

4) *A financial statement prepared by a certified public accountant.*

**NOTE:** A certified financial statement must be attached to this application; please label it as **EXHIBIT 4**. The ordinance requires that the statement be certified. The application cannot be forwarded to the City Commission without the certification. Check box below when this has been attached.

- Exhibit 4 is attached to this application.

5) *A profit and loss statement, if the applicant is the holder of a certificate of public convenience and necessity.*

- The applicant is not a holder of a certificate(s) or this is a new business.
- The applicant is the holder of a certificate. A profit and loss statement has been labeled as **EXHIBIT 5** and attached to this application.

6) *An accurate certified account of records for the previous year or the nearest accounting period, including a profit and loss statement for the previous year, setting forth earning and expenditures for operation, insurance premiums paid including but not limited to unemployment, workers compensation, social security, and public liability.*

- An accurate certified account of records as described in subsection (8) above has been labeled as **EXHIBIT 6** and attached to this application.



**Venice of America Transportation and Mobility Department**

7) *Each application for a certificate of public convenience and necessity shall be accompanied by tender of the license fee as a provided by Section 15-57 of this Code.*

The license fee is attached to this application. Fee Amount \_\_\_\_\_

8) *A comprehensive listing of any violation or complaints made against the applicant, or against the present business entity or against any former business entity that involved any of the same corporate officers, directors, managers, or partners, as applicable, regarding vehicle(s) for hire incidents that occurred in the State of Florida.*

Are you the applicant currently operating a business regarding vehicles for hire?

Yes       No

If yes, business name: CR LIFTS, LLC

Have you, the applicant been involved in vehicle(s) for hire in the past?

Yes       No

Have you, the applicant been involved with another business regarding vehicle(s) for hire?

Yes       No

If yes, business name: \_\_\_\_\_

Are any of the corporate officers, directors, managers or partners involved in any business regarding vehicle(s) for hire or have they ever been involved in a business regarding vehicle(s) for hire?

Yes       No

If yes: Name of Person \_\_\_\_\_

Business Name \_\_\_\_\_

Names of Person \_\_\_\_\_

Business Name \_\_\_\_\_

**NOTE:** Attach extra sheets if more room is needed. Please label as **EXHIBIT 7** and check box below.

Exhibit 7 is attached to this application.

Provide a comprehensive listing of any violations or complaints that would be included in subsection (10) of the ordinance section. Label the attached sheet(s) **EXHIBIT 8**.



Venice of America **Transportation and Mobility Department**

- I do not have any violations or complaints that meet the requirements of Section 27-192(b) (10) to report.
- I have provided a comprehensive listing of the violations and/or complaints that must be reported per Section 27-192(b) (10) of the Code of Ordinances. It is labeled as **Exhibit 8**.

9) **Sec. 27-193. Insurance required.**

a) After a certificate is issued but before a permit is issued to any person or corporation to operate a rental car with chauffeur and/or sightseeing vehicle, the applicant for such permit shall submit to the Transportation and Mobility Department a policy or policies of public liability and property damage insurance for each vehicle operated as follows:

Type of Vehicle	Public Liability Policies Amount	Property Damage Policies Amount
Rental Car with Chauffeur	\$ 50,000 / \$100,000	\$ 5,000.00
Sightseeing vehicle	\$100,000 / \$300,000	\$25,000.00
Non-motorized	\$1,000,000 / \$2,000,000	Medical: \$10,000 per person

b) All such public liability and property damage insurance policies shall be written by companies having, or enjoying a B and BB rating and authorized to transact business in the state. Such policies shall be deposited with the license inspector or the city and shall be kept in full force and effect by the applicant at all times. Failure to file such policy with the city license inspector or to keep same in full force and effect shall automatically cancel and void the certificate of public convenience and necessity or permit granted to the rental car with chauffeur and/or sightseeing vehicle covered by such policy.

Please note that this application will be forwarded to the Police Department for a list of all violations and/or complaints that may be a part of public record.

10) **The date the application is made.** DATE: 10 / 10 / 2024

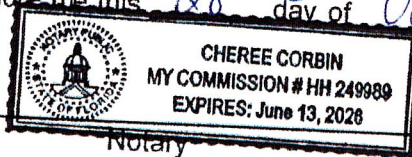
I hereby swear the above information is true.

CR Lifts, Llc by Charles Restrepo, Mgr  
Name of Applicant (print or type)

[Signature]  
Signature of Applicant

Sworn to and subscribed before me this 28 day of October, 2024

Cheree Corbin



(Office Use Only) Application received on \_\_\_\_\_ by \_\_\_\_\_

## **EXHIBIT 1**

### **Vehicle Description:**

Type: Low Speed Vehicle  
Model: 2024 Club Car Onward Gas (6 passenger)  
Vin: FLA133666  
Tag: RRN N80

### **Transportation Service Provided:**

Our proposed transportation service aims to provide reliable, fun, safe, and efficient vehicle-for-hire services within the City of Fort Lauderdale. The service will cater to residents, tourists, and business travelers seeking dependable tours and/or rides across Fort Lauderdale Beach, Las Olas downtown, and surrounding neighborhoods.

With our 2024 Club Car Oward Low Speed Vehicle (LSV) with a capacity of 6 passengers, a new, well-maintained vehicle, we will ensure comfort, safety and convenience for all passengers. Our focus on punctuality, courteous drivers, and competitive pricing will help meet diverse transportation needs, from individual rides to group transport in the area.



KLASFELD AND COMPANY, P.L.  
CERTIFIED PUBLIC ACCOUNTANTS

817 S University Drive, Suite 100  
Plantation, FL 33324  
Phone: 954-476-6700  
Fax: 954-476-7596  
www.kcocpa.co

October 11, 2024

Charles Restrepo  
CR Lifts, LLC  
100 N Federal Highway  
Fort Lauderdale, FL 33301

We have prepared the enclosed Statement of Assets, Liabilities, and Member's Equity as of October 10, 2024, and the related Statement of Revenue and Expenses for the period ended then ended.

These financial statements have not been subjected to audit, review, or compilation procedures, and accordingly, no assurance is provided to them, and we do not express an opinion.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jared Klasfeld", is written over a horizontal line. The signature is fluid and cursive, with a large loop at the end.

Jared Klasfeld

Plantation, Florida

**CR LIFTS, LLC**  
**STATEMENT OF ASSETS, LIABILITIES, AND MEMBER'S EQUITY**  
**October 10, 2024**

ASSETS

CURRENT ASSETS	
Cash	\$ 5,292
PROPERTY AND EQUIPMENT	
Property and equipment, net	22,262
TOTAL ASSETS	<u>27,554</u>

LIABILITIES AND MEMBER'S EQUITY

MEMBER'S EQUITY	
Member's equity	\$ 27,554
TOTAL MEMBER'S EQUITY	<u>27,554</u>

These financial statements have not been subjected to audit or review or compilation procedures, and no assurance is provided to them.




**CR LIFTS, LLC**  
**STATEMENT OF REVENUE AND EXPENSES**  
**June 01, 2024 through October 10, 2024**

Revenue, net	\$	11,040
Cost of sales		1,040
Gross profit		10,000
Expenses		
Selling, general, and administrative		2,324
Depreciation expense		1,590
Interest expense		874
Total expenses		4,788
 NET INCOME	 \$	 5,212
MEMBER'S EQUITY BEGINNING, NET OF CONTRIBUTIONS		22,342
MEMBER'S EQUITY ENDING, NET OF CONTRIBUTIONS	\$	27,554

  
 Charles Restrepo, MGR

STATE OF FLORIDA  
 COUNTY OF Broward

The foregoing instrument (Profit & Loss and Balance Sheet, was acknowledged before me by means of physical presence this 5 day of December, 2024, by CHARLES RESTREPO as Managing Member for

CR LIFTS, LLC  
 (NOTARY SEAL) 

Cheree Corbin

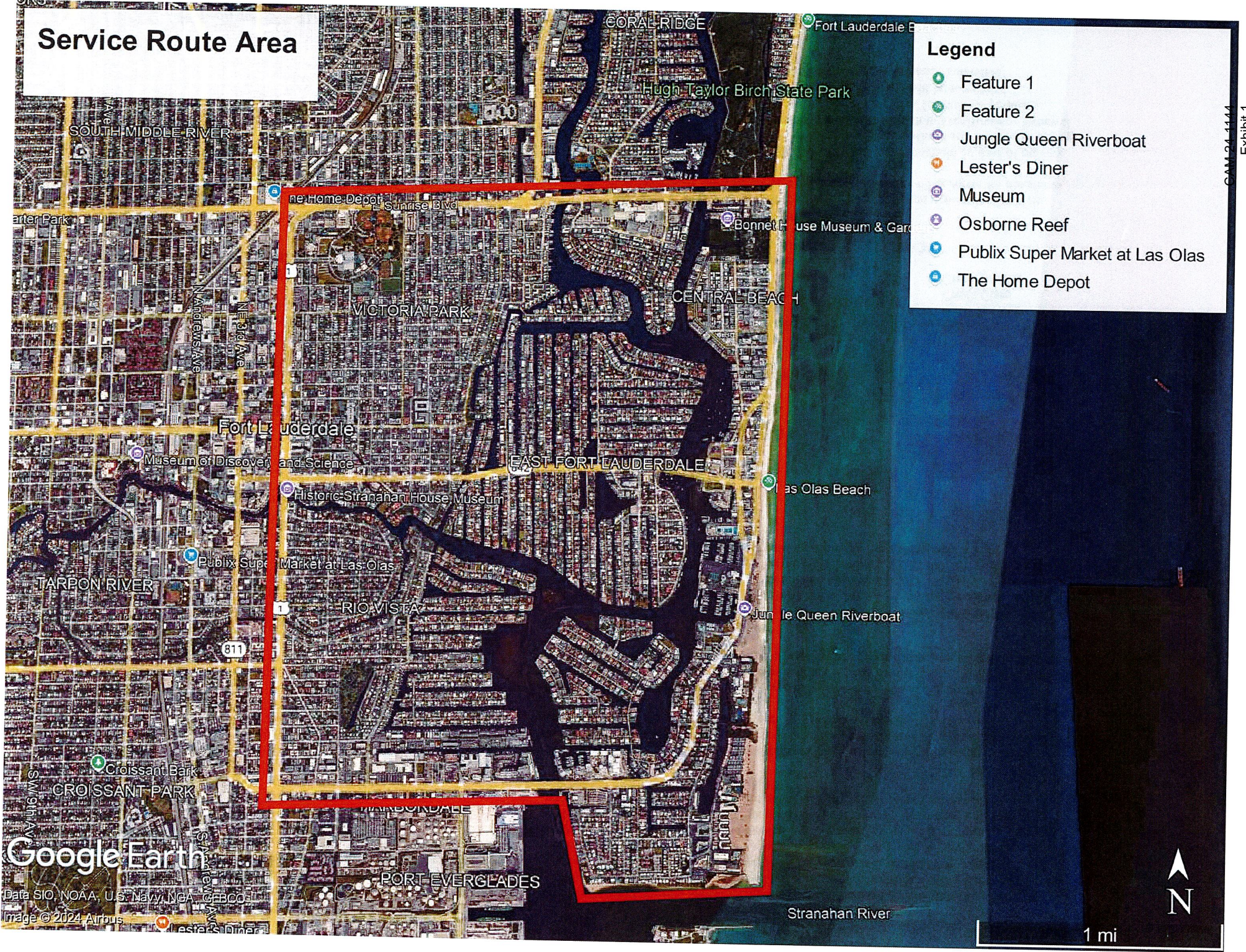
Personally Known X OR Produced Identification \_\_\_\_\_  
 Type of Identification Produced \_\_\_\_\_

These financial statements have not been subjected to audit or review or compilation procedures, and no assurance is provided to them.

# Service Route Area

## Legend

- Feature 1
- Feature 2
- Jungle Queen Riverboat
- Lester's Diner
- Museum
- Osborne Reef
- Publix Super Market at Las Olas
- The Home Depot



Google Earth  
Data SIO, NOAA, U.S. Navy, NGA, GEBCO  
Image © 2024 Airbus

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Binder of Insurance

Pending issuance and delivery of a policy pursuant to the application of the insured and to all the terms and conditions of the policy issued by the company the

State Farm Mutual Automobile Insurance Company

Does hereby insure: LLC CR LIFTS  
C/O CHARLES RESTREPO  
100 N FEDERAL HWY APT 930  
FT LAUDERDALE, FL 33301-1188

Policy Number: P41 4910-F21-59A

Year	Make	Vehicle Identification Number (VIN)
2024	CLUBCAR 6 PASSENGE GOLFMBL	FLA133666

Coverages

Liability 100/300/25	Comprehensive \$1000	Collision Ded \$1000
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Effective October 21, 2024, expiring not to exceed thirty (30) days hence and to become void immediately upon the issuance of a policy in place hereof.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Date \_\_\_\_\_, \_\_\_\_\_  
Authorized Representative

# TEMPORARY AUTO IDENTIFICATION CARD

STATE FARM®

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD		
<b>STATE FARM INSURANCE COMPANIES</b>		
<b>POLICY NUMBER</b> P41 4910-F21-59A	<b>EFFECTIVE DATE</b> OCT-21-2024	
<input checked="" type="checkbox"/> Personal Injury Protection		
<input checked="" type="checkbox"/> Property Damage		
<input checked="" type="checkbox"/> Bodily Injury Liability		
<b>NAMED INSURED</b> CR LIFTS, LLC C/O CHARLES RESTREPO		
<b>CAR-YEAR/MAKE/VEHICLE IDENTIFICATION NUMBER</b> 2024 CLUBCAR 6 PASSENGE GOLFMBL FLA133666		
<b>COVERAGES</b> A, P10, D1000, G1000, H, U3	<b>NAIC #25178</b>	
COMPANY NO. 09785		
<b>AGENT</b> PALMIOTTO INS AGCY INC FORT LAUDERDALE, FL 33316-1110 PHONE# 954-524-3619		
The coverage provided by the policy meets the minimum liability limits prescribed by law.		
NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE		
<b>STATE FARM®</b>		

<b>MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.</b>			
<b>IF YOU HAVE AN ACCIDENT- NOTIFY POLICE IMMEDIATELY</b>			
<ol style="list-style-type: none"> <li>1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles.</li> <li>2. Don't admit fault or discuss the accident with anyone but State Farm or police.</li> <li>3. Promptly notify your agent, log on to statefarm.com®, or use the State Farm mobile app to file a claim.</li> </ol>			
For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 877-627-5757.			
<b>HOW TO IDENTIFY YOUR COVERAGES</b>			
<b>SEE POLICY FOR FULL NAME AND DEFINITION</b>			
A	Bodily Injury Liability	H	Emergency Road Service
B	Property Damage Liability	P	No Fault
C	Medical Payments	R1	Car Rental and Travel Expense
D	Comprehensive or Deductible Comprehensive	S	Death, Dismemberment and Loss of Sight
G	Collision (See outline of coverage for details regarding rental car coverage.)	U	Uninsured Motor Vehicle
		U3	Uninsured Motor Vehicle - Nonstacked
		UNOC	Use of Nonowned Cars

One copy of this form should be carried in your vehicle at all times.

Emergency Road Service information is located on your insurance card.