

BUSINESS TAX APPLICATION CHECKLIST

YOUR FIRST STEP TO OBTAINING A BUSINESS TAX IN THE CITY OF FORT LAUDERDALE IS TO FILL OUT AN APPLICATION. ZONING WILL VERIFY THE PROPERTY LOCATION IS PROPERLY ZONED FOR THE BUSINESS ACTIVITY.

- Application for a Business Tax for the City of Fort Lauderdale with Zoning approval
- Photocopy of Fictitious Name Registration and/or Articles of Incorporation (if applicable)
- Photocopy of a valid State License (State licensed professionals only)
 - Department of Professional Regulation
 - Department of Agriculture
 - Division of Highway and Motor Vehicle
 - Division of Hotel and Restaurants (Apartments-5 units or more)
 - Florida Bar
- Photocopy of your State Driver's License with current address per Florida Statute 322.19
- Photocopy of State License for Alcohol (if serving or selling alcohol)
* City liquor measurement may be needed*
- Photocopy of Certificate of Insurance Liability with the City of Fort Lauderdale (if applicable)
- Photocopy of bill of sale or Tax signed by buyer and seller (if change of ownership)
- Letter of approval from the Airport Manager (if business located at Executive Airport)

City of Fort Lauderdale
100 N Andrews Ave, 1st Floor
Ft. Lauderdale, FL 33311
(954) 828-5195

Business Tax Application

- New Business
- Transfer-Change of Address
- Transfer-Change of Ownership
- Name Change (Only)
- Other _____

Office Use Only

Business ID# _____

Business# _____

Date 1/5/14

Business Name or DBA (fictitious name): Bumble Bee Bike Tours

Corporation Name: Str84Word Productions LLC

Business Address: 1015 E. Las Olas Blvd, Ft Lauderdale 33301

Mailing Address (if different): PO BOX 227, Fort Lauderdale FL 33302

Business Phone: 877-Bike-FTL email: nej4000@yahoo.com

Federal Tax ID#: n/a

Name/ Title: Nate Ernest-Jones/President

Address: PO Box 227, Fort Lauderdale FL 33302

Driver License #: E652-630-81-303-0 State: FL DOB: 8/23/81

Phone: 877-Bike-FTL Email Address: nej4000@yahoo.com

State License #: n/a Agency: _____

Type: _____ Expires: _____

Federal License #: n/a Agency: _____

Type: _____ Expires: _____

(If this section is applicable include a copy of your State or Federal license)

Business Operation

Type of Business / Products/ Services offered (circle all that apply)

Retail/Wholesale Hotel/Motel Apartments Social Service Office Only Professional Contractor

Restaurant Nightclub Entertainment Cocktail Lounge/ Bar Home Based Business Service

Other (be specific): **Bike Tours**

NOTE: ALL BUSINESS OPERATIONS MUST BE CONDUCTED WITHIN A COMPLETELY ENCLOSED BUILDING UNLESS OTHERWISE PERMITTED BY ZONING. NO OUTDOOR MUSIC, ENTERTAINMENT, DISPLAY, SALE, DINING, ETC. WITHOUT PRIOR APPROVAL.

Type of Product/ Services/ Businesses Offered (in detail): Guided bike tours of downtown

Fort Lauderdale. Bikes will be stored at The Archives, and tours of 10-15 people will
depart and arrive at The Archives. Tour participants will be on premise for roughly 20
minutes before departing. Tours shall be offered on Saturday & Sunday.

Days/Hours of Operation: weekends Number of Employees: _____

Approximate Total Square Footage: 150 sq ft

Dining: _____ Office: _____ Storage: 150 sq ft

Entertainment area: _____ Home Office Space: _____ Other: _____

What type of business previously operated at this property? unknown

Will you be sharing space with another business? Y / N

If yes, Business Name: The Archives

1. Will there be alcoholic beverages sold or permitted to be consumed on premises? Y / N

If yes, Alcohol Series: _____

If yes, an After Hours Permit will be required for alcohol sales or service after midnight.

NOTE: All businesses involved in the sale of alcoholic beverages must follow requirements of City Ordinance, Chapter 5.

2. Does the business feature, promote, depict, allow, or display any type of nudity? Y / N

If yes, explain: _____

NOTE: May be subject to the requirements of City Ordinances, Chapter 5 and ULDR 47-18 (Adult Uses) and any other applicable ordinances.

3. Will there be any type of entertainment offered? Y / N If yes, explain: _____
(Includes but not limited to a band, disc jockey, dancing, or any form of entertainment)

NOTE: Outdoor entertainment is prohibited except in the Special Entertainment Overlay District. Indoor entertainment must meet requirements under CO Chapter 17 noise control. In addition, all establishments licensed under the state beverage law must meet requirements of City Ordinance 5-34

4. Do you have coin or token operated vending machines or ATM machines? Y / N

If yes, how many of each type: _____

5. Will you practice clairvoyance, fortune telling, mind reading, faith healing, divine healing, astrology, or Phrenology, or are you acting as a medium at this location? Y / N

NOTE: If yes, must file a sworn application as outlined in City Ordinance 15-50

6. Is the business involved in the sale or advertising of motor vehicles? Y / N

7. Does the business own and/or operate any trucks or motor vehicles in conjunction with this business for delivery, merchandise selling, service, etc? Y / N

If yes, Location they will be stored: _____

8. Has there been or will there be any interior/exterior alterations made? Y / N

a. If yes, Permit #'(s): _____

b. Was a certificate of Occupancy issued for these renovations? Y / N (If yes, attach copy)

9. Will there be outdoor storage of any kind? Y / N

(Note: all outdoor storage, if permitted as an accessory use, must meet requirements of CO 47-19.9)

I HEREBY DECLARE that all information provided in this application is true and correct and, further, understand that providing false or misleading information on this application may result in being denied, or the loss thereof, of any Business Tax receipts, permits, or approvals issued by the City of Fort Lauderdale, which were based upon information provided in this application. I further understand that if there are any subsequent changes in the operation of my business as stated in this application, that I agree to file a new application and seek prior approval from the City of Fort Lauderdale for any such changes. Failure to obtain the necessary approval will result in the loss of any previous Business Tax receipt, permits, or approvals issued by the City of Fort Lauderdale that were based on this initial application. I further understand that the issuance of a Business Tax receipt is contingent on compliance with all building and zoning ordinances of the City of Fort Lauderdale and that compliance must be maintained. Such compliance includes but is not limited to hiring a licensed contractor to obtain permits for any signage, alterations, or renovations to the property, parking requirements, and compliance with the City's noise control ordinance.

Business Owner/Applicant Signature



Nate Ernest-Jones

Print Name

STATE OF FL :
COUNTY OF Broward :

The foregoing instrument was acknowledged before me this 6 day of Jan 2014, by Nathaniel Ernest-Jones, as MANAGER, of Str 84 Word Produce. Who are personally known to me or have produced PL Dr Lic as identification.

(SEAL)




Notary Public, State of _____
(Signature of Notary taking Acknowledgment)

Name of Notary Typed, Printed or Stamped

My Commission Expires: _____

Commission Number: _____

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L13000071069
FILED 8:00 AM
May 15, 2013
Sec. Of State
bkohr

Article I

The name of the Limited Liability Company is:
STR84WORD PRODUCTIONS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

809 SW 14TH TERRACE
FORT LAUDERDALE, FL. US 33312

The mailing address of the Limited Liability Company is:

809 SW 14TH TERRACE
FORT LAUDERDALE, FL. US 33312

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

NATE ERNEST-JONES
809 SW 14TH TERRACE
FORT LAUDERDALE, FL. 33312

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: NATE ERNEST-JONES

Article V

The name and address of managing members/managers are:

Title: MGRM
NATE ERNEST-JONES
809 SW 14TH TERRACE
FORT LAUDERDALE, FL. 33312 US

Title: MGRM
LAURIE MENEKOU
809 SW 14TH TERRACE
FORT LAUDERDALE, FL. 33312 US

L13000071069
FILED 8:00 AM
May 15, 2013
Sec. Of State
bkohr

Signature of member or an authorized representative of a member

Electronic Signature: SHEILA DANG, LEGALZOOM.COM, INC.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. 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, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G15000001479

Fictitious Name to be Registered: BUMBLE BEE BIKE TOURS

Mailing Address of Business: P.O. BOX 227
FORT LAUDERDALE, FL 33302

Florida County of Principal Place of Business: MULTIPLE

FEI Number:

FILED
Jan 05, 2015
Secretary of State

Owner(s) of Fictitious Name:

STR84WORD PRODUCTIONS LLC
PO BOX 227
FORT LAUDERDALE, FL 33302 US
Florida Document Number: L13000071069
FEI Number: Not Applicable

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.

NATE ERNEST-JONES

Electronic Signature(s)

01/05/2015

Date

Certificate of Status Requested ()

Certified Copy Requested ()

Florida Safe Driver

DRIVER LICENSE CLASS E
E552-630-61-303-0

NATHANIEL JAMES
ERNEST JONES
 801 NE 2ND ST 202
 FT LAUDERDALE, FL 33301-4237
 DOB: 08-23-1981 SEX: M
 HEIGHT: 57-28-2014 HAIR: BRN
 EYES: BRN
 EXPIRES: 06-30-2022

Nathanial Jones

SAFE DRIVER

Expiration of license vehicle categories dependent on key category held requested by the

Florida Safe Driver

DRIVER LICENSE CLASS E
M520-529-80-701-0

LAURIE L
MINESCU
 809 SW 14TH TERRACE
 FORT LAUDERDALE, FL 33315-7248
 DOB: 05-01-1980 SEX: F
 HEIGHT: 56-00-2015 HAIR: BRN
 EYES: GRN
 EXPIRES: 06-30-2021

Laurie L Minescu

SAFE DRIVER

Expiration of license vehicle categories dependent on key category held requested by the