

City of Fort Lauderdale
700 NW 19th Avenue
Ft. Lauderdale, FL 33311
(954) 828-5195

Business Tax Application

<input checked="" type="checkbox"/> New Business
<input type="checkbox"/> Change of Address
<input type="checkbox"/> Change of Ownership
<input type="checkbox"/> Change of Name
<input type="checkbox"/> Other _____

Office Use Only	
Business ID#	_____
Business#	_____

Date 6/25/13

Business Name or DBA (fictitious name) Beach Hopper LLC,

Corporation Name Beach Hopper LLC,

Business Address 4207 NW 22ND Street Coconut Creek FL 33006

Mailing Address (if different) 4207 NW 22ND Street Coconut Creek FL 33006

Business Phone 954-319-1571 Fax or email: beachhopper@att.net

Federal Tax ID# 46-2743496

Form of Business: Corporation Partnership Individual LLC,

Note: Partnerships and Corporations must provide name(s) and addresses of partners and/or corporate officers and registered agent.

Name/ Title: Michael DiPietro MGR

Address: 4207 NW 22ND Street Coconut Creek FL 33006

Driver License # D136-552-56-363-0 State: FL DOB 10/3/56

Phone: 954-296-8742 Email Address beachhopper@att.net

Name/ Title: Laurie Grant MGR

Address: 5149 Stage Coach Dr. Coconut Creek FL 33073

Driver License # 8650-521-64-523-0 State: FL DOB 1/23/64

Phone: 954-319-1571 Email Address beachhopper@att.net

use back of sheet if necessary

10. 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

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

NOTE: Outdoor storage is only permitted as an accessory use in certain zoning districts. If permitted, all storage must meet the requirements of City Ordinance 47-19.9.

12. Will the business be involved in the sale, rental or advertising of motor vehicles or scooters? Y N

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

If yes, Location they will be stored or parked: _____

14. State License #: _____ Agency: _____

Type: _____ Expires: _____

15. Federal License #: _____ Agency: _____

Type: _____ Expires: _____

16. Is there or will there be signage for this business? Y N
(This includes new lettering or a new copy on an existing sign structure)

If Yes, Permit # _____

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

If yes, Permit #'(s) _____

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

19. What type of business previously operated at this property? N/A

20. Will there be any Valet Parking Service or Off-Site parking? Y N

If yes, include a site plan and documents showing valet staging plan, operations plan, traffic flow, vehicle ramping, agreement(s) for off-site vehicle storage (parking), insurance, and staffing. Applicant must meet the requirements of the City Code Section 47-20.4 and 47-20.16 and any other applicable City codes or State Statutes. Plans must be approved by the Director of Parking and Fleet Services (or designee) prior to business tax being issued.

4. Do you dispense medications (whether prescribed by your business or not) Y / N
 5. Do you have on-site medical personnel or does medical personnel visit your establishment? Y / N
 6. Will there be coin operated laundry facilities (washers & dryers) Y / N
How many of each? _____
 7. What is the maximum length of stay? _____
 8. What is the minimum length of stay? _____
-

Home Based Business (answer below)

1. Is the business being carried out by the occupants of the residence? Y / N
(must provide proof of residency)
2. Total Square Footage of residence: _____ Square Footage to be occupied by business: _____

RESTRICTIONS:

- There cannot be any external evidence of the business such as display, use or storage of any goods, materials, or equipment or exterior advertising or signage of any type or nature, which is visible from the exterior of the residence.
- There can not be products or services sold or offered for sale from the residential dwelling.
- The business shall not occupy more than ¼ of the area of one (1) floor of the principal structure thereof, nor can such business be carried out in any accessory structure.
- No traffic shall be generated by the conduct of such home business by anyone other than those persons residing on the premises (NO customers and NO employees permitted)
- No equipment or manufacturing process shall be used in such home business which create noise, vibration, glare, fumes, or odor, which is detectable from the exterior of the residential dwelling in which the home occupation is being conducted.

VIOLATIONS OF ANY OF THESE PROVISIONS COULD RESULT IN THE ISSUANCE OF A CITATION OR PRESENTATION OF YOUR CASE BEFORE THE SPECIAL MAGISTRATE

Restaurant / Cocktail Lounge / Bar / Nightclub (answer below)

1. Will there be entertainment offered indoors or outdoors? Y / N

Explain: _____

NOTE: Entertainment is only permitted indoors unless site plan approval provides for outdoor entertainment. All entertainment must be in compliance with City Ordinance, Chapter 17, Noise Control. Pursuant to Section 5-34, ALL entertainment must be in a soundproofed room after 11 p.m.

Business Category and Operation

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

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

Contractor Restaurant Nightclub Entertainment Cocktail Lounge/ Bar Home Based Business

Services Adult Use Video Rental Doctor Office Clinic Other (be specific) Free Golf Cart

Shuttle Service for Fort Lauderdale Beach area

NOTE: For the following business categories a separate or supplemental application is required:
Charitable, Solicitors, Street Vendors, Clairvoyance or Fortunetelling, After Hours (liquor), Sidewalk Café,
Rental Cars, Taxicabs, State Licensed Professionals

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

Type of Product/ Services/ Businesses Offered (in detail) on Computer Detail
See attached # of vehicles

Enhance VIN # 3 vehicles
List Vehicles 2013 ClubCar FLA67346
2012 ClubCar PP1035-304782
2010 ClubCar JD1034-11-753

Services Offered for Beachhopper

Beachhopper is requesting three (3) permits. Beachhopper is a shuttle service offered for vacationers and private residences of Fort Lauderdale Beach. We receive calls from Hotels, restaurants, clubs, and guests who wish for a ride to and from specific destinations.

We shuttle for Fort Lauderdale Beach Resort, Bahia Mar, W Hotel, B Ocean, Mangos Restaurant, Quaterdeck, Roccas Tacos, Riverside Hotel are just examples of local establishments who utilize our services

We shuttle for Sunrise Paddleboards, The Jungle Queen, Spirit Of Fort Lauderdale Catamaran, Sea Experience, Gondola Rides, who call us when their customers need shuttles from and to their Hotels to these activities on the Beach. Hotels and Restaurants and businesses have our phone number and call us to arrange an eco-friendly, fun, safe way to get to and from their desired destinations without the hassle of parking, drinking and driving and saving the environment. We work with several organizations, such as Make a Wish Foundation and shuttle for kids to and from their desired locations in a fun way for them to experience their trip.

We shuttle for events for local businesses from pre-determined locations to and from their establishment for their events

Local residences use our shuttle service to arrange a pickup at their residence and have us shuttle them to and from their desired location in order to not use their vehicles. This results in less traffic, and parking issues as well as affords these people the opportunity to not drink and drive and also help the environment

LETTER OF Intent

We use The Beachhopper as a free shuttle for our guests to travel from our Hotel to destinations around the Beach as an added amenity for our guests.

The Beachhopper is a shuttle Golf cart which shuttle our guests around our property and Fort Lauderdale Beach.

The Beachhopper is street legal, registered and insured

Our guests use The Beachhopper as a convenient way to get to area shopping, restaurants, the beach and activities along A1A on Fort Lauderdale Beach and the local surrounding areas.

We have found our guests to enjoy this amenity as a unique and fun shuttle service on Fort Lauderdale Beach.

The Beachhopper is a great convenience and necessity for Fort Lauderdale Beach

Fort Lauderdale Beach Resort

July W. Amico

Dated 7-1-13

Customer Information

Michael Dipietro

Coconut Creek, FL 33066-2014

Date Prepared: 12/10/2013

Proposed Policy Period: 12/10/2013 to 06/10/2014

Agent Information

STRATUM INSURANCE AGENCY LLC
PO BOX 273
CORONA DEL MAR, CA 92612-0273

Phone Number: (949) 270-0609

Email: cs@stratumins.com

Agent #: 171369

VEHICLE COVERAGES	Limits / Deductibles	2013 Othr Club Car
Bodily Injury Liability	\$100,000/\$300,000 per person/per accident	\$403.90
Property Damage Liability	\$50,000 per accident	\$87.90
Personal Injury Protection	1000 ins & rel	\$272.80
Medical Payments	\$1,000 per person	\$47.30
Uninsured Motorist	\$100,000/\$300,000 w/o stacking per person/per accident	\$170.00
Comprehensive	\$1,000	\$56.50
Collision	\$1,000	\$147.10
FHCF Assessment	Yes	\$15.41
Total Vehicle Premium		\$1,200.91

DISCOUNTS & SAFECO SAFETY REWARDS

Advance Quoting Accident Free
Coverage Violation Free
Homeowners

PREMIUM SUMMARY

	Premium
Vehicle Coverages	\$1,200.91
Discounts & Safeco Safety Rewards	Included
Your total policy premium for 6 months is	\$1,200.91
Your total policy premium for 6 months if you select Full-Pay is	\$1,083.30

This quote is provided without cost or obligation. It is not a contract or binder of coverage.

Payment Options:

Automatic Payment

- 1. Full Payment \$1,083.30 (Total Premium, no Installment Fee)
- 2. 2-Pay \$602.46 (3 months down payment + \$2.00 Installment Fee)
- 3. Monthly Pay \$202.16 (1 month down payment + \$2.00 Installment Fee)

Bill By Mail

- 1. Full Payment \$1,083.30 (Total Premium, no Installment Fee)
- 2. 2-Pay \$603.46 (3 months down payment + \$3.00 Installment Fee)
- 3. Monthly Pay \$403.30 (2 months down payment + \$3.00 Installment Fee)

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 agree that if there are any subsequent changes in the operation of my business from what is stated in this application, that I will 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. I authorize the City to conduct a safety inspection of the proposed business location to verify such compliance. I further acknowledge that certain businesses require that I provide proof of insurance to the City annually and that my Business Tax will not be renewed if I fail to provide such proof of insurance.

Please note that an inspection may be required of the premises by the Building and Fire Department. You will be required to comply any violations prior to a Business Tax being issued.

Business Owner/Applicant Signature

Michael J. Piccolo

MICHAEL J. PICCOLLO

Print Name

STATE OF FLORIDA:
COUNTY OF BROWARD:

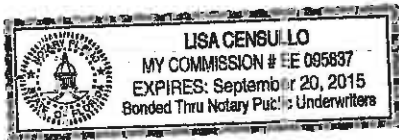
The foregoing instrument was acknowledged before me this 26th day of June, 2013.

by _____, as _____, of _____ a

Who are personally known to me or have produced

as identification.

(SEAL)



Lisa Censullo
Notary Public, State of Florida (Signature
of Notary taking Acknowledgment)

Lisa Censullo
Name of Notary Typed, Printed or Stamped

My Commission Expires: 9/20/2015

Commission Number: EE095837

10	9	LLH	4073
AUDIT #			



L#	1976789
T#	755657494
B#	1577760
S#	16488079

**STATE OF FLORIDA
APPLICATION FOR VEHICLE/VESSEL
CERTIFICATE OF TITLE**

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GVW/LOC		
111864760	FLA67346	2013	ASPT	9P	WHI	1040			
DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
05 22 13	OUT	PRIVATE							

Applicant/Owners Name & Address
BEACH HOPPER LLC
 4207 NW 22ND ST
 COCONUT CREEK, FL 33066

BIRTHDATE SEX MO. DAY YEAR	RESIDENT Y N ALIEN	CNTY RES.#
	X	10
1st OWNER FL/DL# OR F.E.I.D.#	2nd OWNER FL/DL# OR UNIT #	
462743496-01		

VOLUNTARY CONTRIBUTIONS

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AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	73.50	725.03	803.28

Action Requested: ORIG USED TITLE

Brands: FL-LOW SPEED VEHICLE

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
FL	05/11/2013		XX	EXEMPT	<input type="checkbox"/>

LIEN INFORMATION	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
NAME OF FIRST LIENHOLDER:				
ADDRESS				
SALVAGE TYPE				
SELLER INFORMATION				
NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER				
ADDRESS				
DEALER LICENSE NO.				
CONSUMER OR SALES TAX EXEMPTION #				

SALES TAX AND USE REPORT		INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS	\$ 12,083.85
TRANSFER OF TITLE <input type="checkbox"/>	PURCHASER HOLDS VALID	INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES	\$ 725.03
IS EXEMPT FROM	EXEMPTION CERTIFICATE		
FLORIDA SALES OR	VEHICLE / VESSEL WILL BE		
USE TAX FOR THE	USED EXCLUSIVELY FOR RENTAL		
REASON(S) CHECKED <input type="checkbox"/>	OTHER <input type="checkbox"/>		
		<input type="checkbox"/>	SELLING PRICE VERIFIED

APPLICANT CERTIFICATION
 I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.
 I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.
 I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.
 I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.
 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant/Owner _____ Signature of Applicant/Co-Owner _____
 SCAN CODE MVT

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES - DIVISION OF MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME OR VESSEL

5/21/13
(Date)

I/We hereby name and appoint, Laurie Grano, to be my/our
(Full Legibly Printed Name is Required)

lawful attorney-in-fact, to act for me/us, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my/our name and sign their name, in my/our behalf. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me/us in as sufficient a manner as I/we myself/ourselves could do, were I/we personally present and signing the same.

With full power of substitution and revocation, I/we hereby ratify and confirm whatever my/our said attorney-in-fact may lawfully do or cause to be done in the virtue hereof.

CHECK ONE: Motor Vehicle Mobile Home Vessel

Year	Make/Manufacturer	Body Type	Title Number
2013	CUBCAR	Villager 8	
Vehicle/Vessel Identification Number			

NOTICE TO OWNER(S): COMPLETE THIS FORM IN ITS ENTIRETY PRIOR TO SIGNING.

UNDER PENALTIES OF PERJURY, I/WE DECLARE THAT I/WE HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

[Signature]
(Signature of Owner "Grantor")

Michael DiPietro Beach Hopper LLC
(Legibly Printed Name of Owner "Grantor")

46-2743496
(Driver License, Identification Card or FEID Number for Owner)

10/3/56
(Date of Birth for Owner, if applicable)

4207 NW 22nd Street
(Owner's Address)

Coconut Creek FL 33066
(City) (State) (Zip)

46-2743496
(Signature of Co-Owner "Grantor," if applicable)
(Driver License, Identification Card or FEID Number for Co-Owner)

[Blank]
(Legibly Printed Name of Co-Owner "Grantor," if applicable)
(Date of Birth for Co-Owner, if applicable)

[Blank]
(Co-Owner's Address) (City) (State) (Zip)

This non-secure power of attorney form may be used when an individual or entity appointed as the attorney-in-fact will be completing the odometer disclosure statement as the **buyer only** or the **seller only**. However, this form cannot be used to allow an individual or entity (such as a dealership) to sign as both buyer and seller for the purpose of disclosing the odometer reading. This may be accomplished only with the secure power of attorney (HSMV 82995) when:

- (a) the title is physically being held by the lienholder; or
- (b) the title is lost.

NOTE: A licensed dealer and his/her employees are considered a single entity.

Check your local phone book, government pages or visit the following website for current mailing addresses:
<http://www.flhsmv.gov/offices/>

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
AFFIDAVIT FOR GOLF CART MODIFIED TO A LOW SPEED VEHICLE

Florida Assigned FLA VIN: FLA67346

The undersigned hereby certifies that the golf cart modified to a low speed vehicle conforms to Federal Regulations under Title CFR Part 571.500 and 316.2126, Florida Statutes, including but not limited to the following:

- Headlamps
- Stop lamps
- Tail lamps
- Rear license plate bracket with either a tail lamp or a separate lamp constructed and placed to illuminate with a white light the rear registration plate and render it clearly legible from a distance of 50 feet to the rear
- Front and rear turn signal lamps
- Windshield with an AS1 or AS4 composition
- Type 1 or Type 2 seat belt assembly conforming to section 571.209 of this part, Federal Motor Vehicle Safety Standard No. 209, Seat belt assemblies at each designated seating position
- An exterior mirror mounted on the driver's side of the vehicle and either an exterior mirror mounted on the passenger's side of the vehicle or an interior mirror
- Parking Brakes
- Reflex reflectors: one red on each side as far to the rear as practicable, and one red on the rear
- Windshield cleaning device pursuant to 316.2952(3)(4), Florida Statutes
- Horn pursuant to 316.271(1), Florida Statutes
- Slow Moving Vehicle Emblem (SMV) pursuant to 316.2225(7)(a)(b), Florida Statutes
- Top speed is greater than 20 MPH but not greater than 25 MPH pursuant to 320.01(42), Florida Statutes (it can be gasoline or electrical/battery powered)
- Requirement of a weight slip (The Gross Vehicle Weight Rating cannot exceed 3,000 lbs. The GVWR includes the net weight of the vehicle, plus the rated cargo load, plus 150 lbs. times the number of seating positions equipped with seat belts)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. FURTHER, I AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.


SIGNATURE OF APPLICANT (OWNER)

Michael DiPietro
PRINTED NAME OF APPLICANT (OWNER)

DATE: 5/21/13

SIGNATURE OF APPLICANT (CO-OWNER)

PRINTED NAME OF APPLICANT (CO-OWNER)

DATE: _____

**VEHICLES FOR HIRE
CHECKLIST**

(Rental cars, chuffers, sightseeing)

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

27-192 Applications

- a. Apply to license division
 - 1. \$150.00 file fee _____
 - 2. Community Service Board reviews app. Post 14 days News Pap _____
 - 3. Letter to applicant to met Service Board _____
 - 4. City Commission issues the Certificate _____
- b. Application for certificate
 - 1. Name and address. Officers, partners, directors managers _____
 - 2. Number of vehicles and description. _____
 - 3. Rates and fairs for the operation _____
 - 4. Location where vehicles is stored. _____
 - 5. Identity of owner of the vehicle. _____
 - 6. Certified financial statement. _____
 - 7. Profit & loss statement. _____
 - 8. Accurate certified account of records of previous years. _____
 - 9. 15-57 Pay Business Tax. _____
 - 10. A list of any violation in the City, County or State. _____
 - 11. Date the application is made. _____
 - 12. Picture of vehicles _____
- c. Business Tax reviews the application. _____
 Posting in a newspaper 14 days. Before. City Commission _____

27-193 Insurance

27-175 Inspection of vehicles:

Name Department of Motor Vehicles

Address 135 Bowls Rd. Margat Fl. 33003

Phone # 954-969-4216

Other Information

Review date _____ By _____
SM 05/22/09