

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

**Business Tax Application**

<input checked="" type="checkbox"/> New Business
<input type="checkbox"/> Transfer-Change of Address
<input type="checkbox"/> Transfer-Change of Ownership
<input type="checkbox"/> Name Change (Only)

<b><u>Office Use Only</u></b>
Business ID# _____
Business# _____

Date 11/17/14

Business Name or DBA (fictitious name): Fenix TRANSPORTATION

Corporation Name: Fenix TRANSPORTATION INC

Business Address: 258 SW 158<sup>th</sup> AVE, SUNNISE, FL, 33326

Mailing Address (if different): \_\_\_\_\_

Business Phone: 786-231-7767 email: RESERVATIONS@FENIXTRANSPORTATION.COM

Federal Tax ID#: 26-4324205

Name/ Title: FRANKLIN E PRADO PRESIDENT

Address: 258 SW 159<sup>th</sup> AVE, SUNNISE, FL, 33326

Driver License #: P630-245-72-381-0 State: FL DOB: 10/21/1972

Phone: 786-231-7767 Email Address: RESERVATIONS@FENIXTRANSPORTATION.COM

State License #: \_\_\_\_\_ Agency: \_\_\_\_\_

Type: \_\_\_\_\_ Expires: \_\_\_\_\_

Federal License #: \_\_\_\_\_ 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): LIMO AND TRANSPORTATION SERVICE

**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): \_\_\_\_\_

FENIX TRANSPORTATION IS DEDICATED TO PROVIDE TRANSPORTATION SERVICE, DOOR TO DOOR, WITH ADVANCE BOOKINGS

Days/Hours of Operation: 24 HOURS Number of Employees: 3

Approximate Total Square Footage: \_\_\_\_\_

Dining: \_\_\_\_\_ Office: \_\_\_\_\_ Storage: \_\_\_\_\_

Entertainment area: \_\_\_\_\_ Home Office Space: \_\_\_\_\_ Other: \_\_\_\_\_

What type of business previously operated at this property? \_\_\_\_\_

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

If yes, Business Name: \_\_\_\_\_

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

If yes, Alcohol Series: \_\_\_\_\_

**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: <sup>##</sup> 258 SW 159 AVE, SUWANEE, FL, 33326

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



FRANKLIN E PRADO

Print Name

STATE OF FLORIDA :  
COUNTY OF BROWARD :

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_, by \_\_\_\_\_, as \_\_\_\_\_, of \_\_\_\_\_ a \_\_\_\_\_ . Who are  personally known to me or  have produced as identification.

(SEAL)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
(Signature of Notary taking Acknowledgment)

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

My Commission Expires: \_\_\_\_\_

Commission Number: \_\_\_\_\_