

Venice of America

Transportation and Mobility Department

CITY OF FORT LAUDERDALE VEHICLES FOR HIRE APPLICATION

	Date: <u>05/14/2025</u>
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	1
REQUIRED INFORMATION	
Note: Additional information for each category can be obtained the Code of Ordinances of the City of Fort Lauderdale. THE APPLICANT IS:	by reading Section 27-192 of
☐ INDIMIDUAL ☐ BUSINESS ENTITY X	CORPORATION
PLEASE PRINT	
Individual / Business Name: J>RANSPORT AND LANGUAGES SERVICES	INC. DBA: JG Transport Care
Address: 5033 NW 7 ST SUITE 307 MIAMI, FL 33126	
Contact Person: Gilberto Gallardo	
Phone Number: (954) 451-1505 E-mail address: jgtrans	portinc1@comcast.net
1) The number of motor vehicles the applicant desires to description of each (make, model and year), and identification number (VIN) and license plate number.	
Definitions (Section 27-1)	
Rental car with chauffer means any passenger-type v rented with a chauffeur driver by the hour, day, week, or mo	
Sightseeing vehicle means a vehicle for hire transporting streets of the city in accordance with a contract previous owner or operator and the passenger.	
Applicant must attach a brief description of each vehicle desired transportation service proposed to this application and label as I	
Rev: 08/ 08/ 2016	Page 1 of 5
	3 • 1 •

CAM 25-0807 Exhibit 1 Page 1 of 17



Venice of America

Rev: 08/08/2016

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: FORD TRANS	
Proposed rate and/or fare:	Sedan: \$15.00 10 miles included \$1.63 additional mile-WC \$30.00 10 miles included \$1.90 additional mile
Vehicle Type:	Medicare transportation broker contract
Proposed rate and/or fare:	
•	is needed for rates and/or fares please attach a separate sheet and ox below if exhibit is being provided.
X Exhibit 2 is attache	d to this application.
rares or charges, when	Rates, Fares and charges agreement 64 // AR +0, the applicant agrees that all changes in rates, ther increased or decreased, shall be set by the city commission. Signature of Applicant Gilberto Gallardo Name of Applicant (print or type) Tibed before me this day of, 20 25.
	EDWIN SANCHEZ Notary Public - State of Florida Commission in HH 422725 My Comm. Expires Jul 18, 2027
	which such vehicle(s) will be stored or parked when not in use. IW 40 Court , Oakland Park Fl 33309
Permanent Location: 2211	

Page 2 of 5



Venice of America Transportation and Mobility Department

 The identity of the actual owner or owners of such vehicle(s) if the applicant does nown such vehicle(s). 	101
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:	
Address:	
Phone:	
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. Pleat check the box below if extra sheets are provided. Leave box blank if all the ownership information is provided on this form.	se
X 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 a 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 habeen attached.	эе
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.	∍d
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 be not limited to unemployment, workers compensation, social security, and publicability.	ıg ut
An accurate certified account of records as described in subsection (8) above has been labeled as EXHIBIT 6 and attached to this application.	n

Page 3 of 5



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 \$45.15
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 X No
If yes, business name:
Have you, the applicant been involved in vehicle(s) for hire in the past?
Yes X No
Have you, the applicant been involved with another business regarding vehicle(s) for hire?
Yes X 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?
X Yes No
If yes: Name of Person Gilberto Gallardo
Business NameJ&G TRANSPORT AND LANGUAGES SERVICES INC Miami Dade County
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 .

Page 4 of 5



Venice of America Tran	sportation 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 compreported per Section 278.	orehensive listing of the violations 7-192(b) (10) of the Code of Ordi	s and/or complaints that must be nances. It is labeled as Exhibit		
9) Sec. 27-193. Insurance re	equired.			
operate a rental car with of shall submit to the Trans	chauffeur and/or sightseeing vehi			
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		
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:				
I hereby swear the above information is true 6 / Besto 6 All and Name of Applicant (print or type) Signature of Applicant				
Sworn to and subscribed	before me this 17th day of	Jone, 2025		
Notary Notary FDWIN SANCHEZ Hotary Public - State of Florida Commission # HH 422725 My Comm. Expires Jul 18, 2027				

Rev: 08/ 08/ 2016 Page 5 of 5

(Office Use Only) Application received on _____by _

J&G Transport and Languages Services Inc. DBA – JG Transport Care.

101 NE 3 rd Suite 1500 Office#72 Fort lauderdale Fl 33301

Ph: 954 451 1505 1-866 807 3758

To: Transportation and Mobility Department of Fort Lauderdale City

My name is Gilberto Gallardo. I own J&G Transport and Languages Services Inc. DBA- JG Transport Care. We are a small business founded in 2015. We have been operated in Miami-Dade County with minivans for wheelchair services.

All of our vehicles have Certificates of Public Convenience and Necessity from that County, demonstrating that we have maintained the level of service and State standards over the years, including insurance, employee training, and more. We do not receive payment by public directly for the services we provide. Our contracts are covered by Workers' Compensation Insurance and Medicare transportation.

We are currently implementing our service with one vehicle here in the City of Fort Lauderdale. We open our office located here, and we are seeking transportation contracts in Broward County. We applied since april for our Broward County Certificate of NEMT and to complete the vehicle inspection they are waiting for our **business tax receipt**. In addition, we are awaiting contracts from Medicare Transportation Brokers that require this to be aproved.

Our service is important for many people with wheelchair transportation needs who have suffered work-related injuries and for seniors who require door-to-door wheelchair transportation, such as those receiving dialysis services.

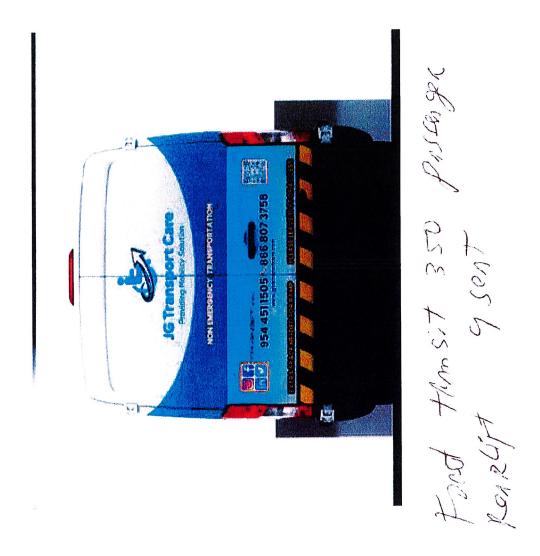
Sincerely,

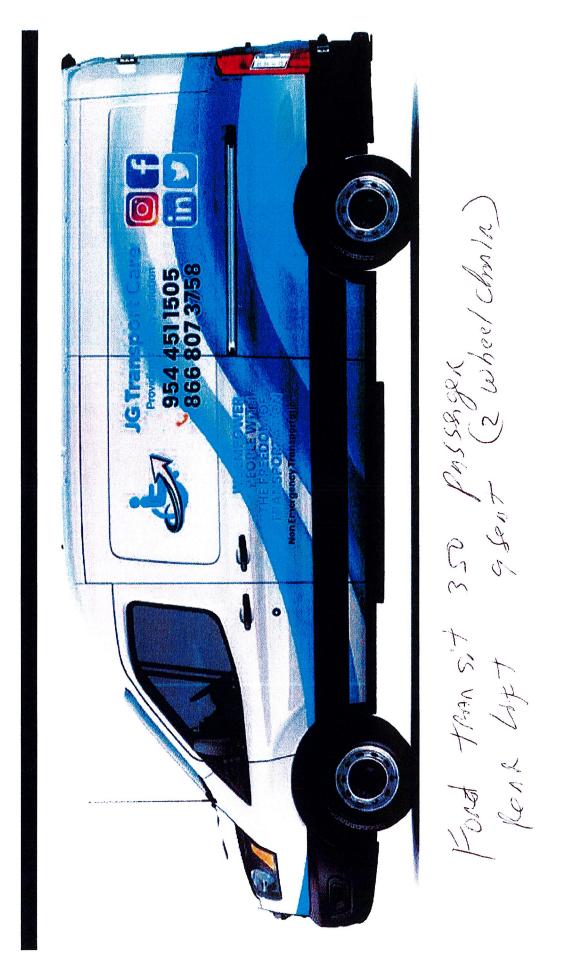
Gilberto Gallardol

igtransportinc1@comcast.net

Ph: 954 451 1505 Cell: 786 320 0502







CAM 25-0807 Exhibit 1 Page 9 of 17



Vehicle for Hire Business Service Area

J&G Transport and Languages Services Inc. OBA, JG Transport Care, is proposing to operate a for-hire non-emergency medical transportation service city-wide as a door-to-door service. This service shall adhere to all traffic rules and regulations while operating.

PLATE	05FDMK	DE	CAL 21195	731	Expires Midnight	t Wed 12/24/20	25		
YR/MK VIN Plate Type DL/FEID Date Issued	1FBAX2C85PKE RGS G354861880000	BODY 36754 NET WT	VN 6021 02/22/2025	COLOR TITLE 2nd DL#	WHI 155467511 O632520623350	Reg. Tax Init Reg. County Fee Mail Fee Sales Tax Voluntary Fees	71.10 225.00 3.00	Class Code Tax Months Back Tax Mos Credit Class Credit Months	1 10
						Grand Total IMPORTANT I	299.10	A.V	
ZAYAS	GALLARDO, LE TH ST APT 307 33126	ANDRO OR	RTIZ		The Florida license The registration mu- a replacement vehic Your registration m Registration renewa- the 30-day period pr	st be delivered to a Talle. ust be updated to you ls are the responsibilition to the expiration of	r new addres ty of the reg	or Tag Agent for trans s within 30 days of n istrant and shall occur	sfer to loving. during
	ISHINE STATE				notices are provided 5. I understand that my immediately if the in registration.	driver license and re	not required	for renewal purposes	

ALVAREZ & FERNANDEZ, PA CPA's 650 N.W. 43rd AVENUE MIAMI, FL. 33126 emilioalvarezcpa***comcast.net

J&G TRANSPORT AND LANGUAGES SERVICES INC. 5033 NW 7 STREET SUITE 307 MIAMI, FL 33126

Dear client:

We have compiled the accompanying balance sheet of J&G TRANSPORT AND LANGUAGES SERVICES INC. as of December 31, 2024, and the related statement of income for the twelve months then ended, in accordance with statements on standards for accounting and review services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

Management has elected to omit substantially all of the disclosures and the statement of cash flows required by generally accepted accounting principles. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the company's financial position, results of operations, and changes in financial position. Accordingly, these financial statements are not designed for those who are not informed about such matters.

away & Fermander CPA;

June 13, 2025

J&G TRANSPORT AND LANGUAGES SERVICES, INC.

Profit & Loss

January through December 2024

	Jan- Dec 2024
Ordinary Income/Expense	
Income	
Transportation Services Income	464,159.00
Total Income	464,159.00
Gross Profit	464,159.00
Expenses	
Automobile Expenses	102,848.02
Business License and Permits	451.75
Computer and Internet expenses	2,020.00
Contract Services	85,290.00
Depreciation	6,064.00
Insurance Expenses	658.83
Marketing and Advertising	1,698.20
Meals and Entertainment	4,875.00
Office Supplies and Expenes	9,595.19
Payroll Expenses	108,000.00
Payroll Taxes	8,493.00
Rent Expenses	105,346.88
Telephone Expenses	4,037.87
Utilities	3,607.35
Total Expenses	442,986.09
Net Ordinary Income	27,236.91
et Income	21,172.91

state of florida

country of miami-Dade

This instrument was signed and sworn before me on this 8th day of July 2026, by Gilberto Gallardo ID: DL 6354-86-88-000-0.



MARIA C. CLARK
Cemmission # HH 481491
Expires April 12, 2028

Notary signature

J&G TRANSPORT AND LANGUAGES SERVICES, INC BALANCE SHEET

As of December 31, 2024

	Dec- 31, 2024
ASSETS	
Current Assets	
Checking/Savings	
TD Bank 1918	1,913.52
Wells Fargo 7101	178,624.66
Total Checking/Savings	180,538.18
Other Current Assets	
Loan to Officers	-153,201.27
Total Other Current Assets	-153,201.27
Total Current Assets	27,336.91
Fixed Assets	
Auto-Truck	65,000.00
Accumulated Depreciation	-58,936.00
Total Fixed Assets	6,064.00
TOTAL ASSETS	33,400.91
LIABILITIES & EQUITY	
Liabilities	
Current Liabiliites	
Other Current Liabilities	
SBA Loan	11,298.56
Wells Fargo credit Line 9448	23,762.26
Total Other Current Liabilities	35,060.82
Total Current Liabilities	35,060.82
Total Liablities	35,060.82
Equity	
Capital Stock	100.00
Retained Earnings	-22,932.82
	21,172.81
Total Equity	-1,659.89
TOTAL LIABILITIES & EQUITY	33,401.91



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Profit Corporation

JG TRANSPORT CARE INC.

Filing Information

Document Number

P24000045324

FEI/EIN Number

APPLIED FOR

Date Filed

07/05/2024

Effective Date

06/27/2024

State

FL

Status

ACTIVE

Principal Address

5033 NW 7 ST, SUIT 606

Suite 307

Miami, FL 33126

Changed: 02/20/2025

Mailing Address

5033 NW 7 ST

Suite 307

Miami, FL 33126

Changed: 02/20/2025

Registered Agent Name & Address

Gallardo, Gilberto, President

221 NW 40TH CT

OAKLAND PARK, FL 33309

Name Changed: 02/20/2025

Officer/Director Detail

Name & Address

Title President

GALLARDO, GILBERTO

5033 NW 7 ST

Suite 307

Miami, FL 33126

Annual Reports

Report Year

Filed Date

2025

02/20/2025

Document Images

02/20/2025 -- ANNUAL REPORT

View image in PDF format

07/05/2024 -- Domestic Profit

View image in PDF format