

2/21 - Sent to Jerry - approved
2/27 - Called Mantya
3/9 - Called Mantya
UM

City of Fort Lauderdale
100 N Andrews Ave, 1st
Floor Ft. Lauderdale, FL
33301
(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# 400802

Date 02/17/2017

Business Name or DBA (fictitious name): Mct Express Inc

Corporation Name: Mct Express Inc

Business Address: 3300 SW 11th Ave Fort Lauderdale, FL 33315

Mailing Address (if different): 2766 NW 62nd St Miami, FL 33147

Business Phone: 954-764-6262 email: bbeers@transportationamerica.com

Federal Tax ID#: 65-1002016

Name/ Title: Bob Beers Manager

Address: 3300 Sw 11th Ave Miami, FL 33147

Driver License #: B620-764-66-288-0 State: FL DOB: 08/08/66

Phone: 305-308-8110 Email Address: bbeers@transportationamerica.com

State License #: 1328 Agency: EMS

Type: Ambulance Expires: 09/19/17

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 Church

Other (be specific): _____

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): Amulance Service (4)

Days/Hours of Operation: 24/7 Number of Employees: 8

Approximate Total Square Footage: Dining: _____ Office: 300 Storage: _____

Entertainment area: _____ Home Office Space: _____ Church: _____

Other: _____

What type of business previously operated at this property? Transportation

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: _____

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)

10. Is this a Church? Y/N. If yes, indicate the number of seats _____.

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

[Handwritten Signature]

Bob Beers

Print Name

STATE OF Florida :
COUNTY OF Miami-Dade :

The foregoing instrument was acknowledged before me this 17 day of February 2017, by Bob Beers, as Manager, of Mct Express Inc a _____. Who are personally known to me or have produced as identification.

(SEAL)

[Handwritten Signature]
Notary Public, State of Florida
(Signature of Notary taking Acknowledgment)

Juanita Hernandez
Name of Notary Typed, Printed or Stamped

My Commission Expires: Dec 2 2018

Commission Number: 180197



