

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

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

Date \_\_\_\_\_

Business Name or DBA (fictitious name) PEDAL ON

Corporation Name PEDAL ON, LLC

Business Address 12571 OLIVER AV. S., STE. 600, BURNSVILLE MN 55337

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

Business Phone 952-540-4716 Fax or email 952-540-4724

Federal Tax ID# 46-3427079

Form of Business:  Corporation  Partnership  Individual

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

Name/ Title See Attached

Address \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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Name/ Title \_\_\_\_\_

Address \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Use back of sheet if necessary

**PEDAL ON, LLC**  
12571 Oliver Avenue South  
Suite 600  
Burnsville, MN 55337

EIN #46-3427079  
Organized in the State of Minnesota August 15, 2013

**MEMBERS:**

FoxPoint Ventures, Inc.  
Ernest DeLanghe, CEO – MN DL# A001097391201  
12571 Oliver Avenue South  
Suite 600  
Burnsville, MN 55337  
952-540-4716

Brian Sherman –MN DL# F236046053111  
7014 Upton Avenue South  
Richfield, MN 55423  
630-450-6859

Daniel Riley – MN DL# N774131025918  
4920 Vallacher Avenue  
St. Louis Park, MN 55416  
952-454-4961

Mark Tully –MN DL# W873298160218  
4921 Vincent Avenue South  
Minneapolis, MN 55410  
612-227-6199

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

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)**

NON-MOTORIZED TOURING BUS-BIKE WHICH ALLOWS UP TO  
16 RIDERS AND HOSTED BY TRAINED DRIVERS & ASSISTANTS.  
CUSTOMERS RENT BIKES AT AN HOURLY RATE IN GROUPS,  
2 HOUR MINIMUM, TOURING SPECIFIED ROUTES.

All Business Categories (answer below)

1. Hours of Operation 10 AM - MIDNIGHT, MONDAY - SUNDAY

2. Approximate Total Square Footage N/A

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

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

3. Will you be sharing space with another business? Y  N

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

4. Number of Employees 2

5. 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 regulations of City Ordinance, Chapter 5.

6. Will this business feature, promote, depict, allow, or display any type of nudity? Y  N

If yes, explain \_\_\_\_\_

**NOTE:** May be subject to the regulations of City Ordinances, Chapter 5 and 47-18.2 (Adult Uses) and any other applicable ordinances.

7. Will this business sell, rent, or display any sexually oriented material (including but not limited to signage, videos, periodicals, or sexual novelties or paraphernalia)? Y  N

If yes, explain \_\_\_\_\_

**NOTE:** May be subject to the regulations of City Ordinance 47-18.2. (Adult Uses) and any other applicable ordinances

8. Will there be any type of entertainment offered (including but not limited to a live band, disc jockey, dancing, recorded music, performer, or any form of entertainment)? Y  N

If yes, explain \_\_\_\_\_

**NOTE:** Outdoor entertainment is prohibited except in the Special Entertainment Overlay District. Indoor entertainment is subject to the regulations of City Ordinance Chapter 17, Noise Control and Chapter 5, Section 5-34, Hours for music and entertainment.

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

If yes, detail quantities and types \_\_\_\_\_

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 855 W. COMMERCIAL BLVD.

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? \_\_\_\_\_

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.**

**Retail / Wholesale / Video Rental (answer below)**

1. Retail Sales Y / N If yes, Value of Merchandise \_\_\_\_\_
2. Wholesale Sales Y / N If yes, Value of Merchandise \_\_\_\_\_
3. Description of Merchandise (detailed) \_\_\_\_\_  
\_\_\_\_\_
4. Will merchandise consist of any sexually oriented material? (as defined in CO 47-18.2) Y / N  
If yes, describe \_\_\_\_\_

If you answered YES to question 4, then answer the following:

5. What percentage of the gross income will be from the sale or rental of sexually oriented material? \_\_\_\_\_ %
6. What percentage of inventory publicly displayed to customers will be sexually oriented material? \_\_\_\_\_ %
7. What percentage of the net floor area will be for the display of sexually oriented material? \_\_\_\_\_ %
8. What percentage of shelf areas or display areas will be for sexually oriented material? \_\_\_\_\_ %
9. What percentage of inventory or display will be sexual devices? \_\_\_\_\_ %
10. Will any display of sexually oriented material be accessible to minors? Y / N

**PHYSICAL INSPECTIONS CAN BE MADE TO VERIFY THIS INFORMATION AND CONFORMANCE WITH CITY ORDINANCE**

**Apartment/ Motel/ Hotel/ Lodging/ Social Service Facility (answer below)**

1. Do you offer living accommodations to: (circle one)      General Public      Special Group  
How many units? (designate whether apartment, motel, hotel, lodging or housing units) \_\_\_\_\_  
How many residents per unit? \_\_\_\_\_  
How many residents per bedroom? \_\_\_\_\_
2. Do you offer any provisions for food, transportation, hygiene care, on or off-premise counseling, or similar personal or therapeutic care? Y / N  
If yes, explain \_\_\_\_\_
3. Will there be 24-hour on site staff? Y / N If yes, how many? \_\_\_\_\_

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**

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**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.*

2. Will there be any outdoor seating area? Y / N

If yes, will the seating be on private or public property? \_\_\_\_\_

*NOTE: Any outdoor seating must be approved on a site plan by Planning and Zoning.*

3. Does the establishment have an approved dumpster enclosure including a raised concrete slab, a drain, and cleaning water facilities? Y / N
4. Will the food be prepared on premises? Y / N

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**Medical Office / Doctors Office / Clinic (answer below)**

1. Is your office affiliated with a hospital or hospice facility in Broward County? Y / N

If yes, which one: \_\_\_\_\_

What is the affiliation? \_\_\_\_\_

2. Do you dispense medication from your location? Y / N

If yes, Name of dispensing Doctor \_\_\_\_\_

State License # \_\_\_\_\_ Type \_\_\_\_\_

DEA# \_\_\_\_\_

3. Is the primary purpose of the business to prescribe or dispense pain medication identified in Schedules II, III and IV of the Florida Statutes 893.03, 893.035, or 893.0355? Y / N
4. Do you advertise or portray yourself to the public as providing pain management services or pain Medication? Y / N
5. Are you registered with the State of Florida as a Pain Clinic? Y / N



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.

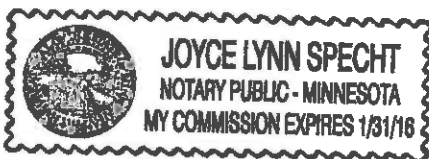
Business Owner/Applicant Signature

*Ernest Delanghe*  
ERNEST DELANGHE  
Print Name

MINNESOTA  
STATE OF ~~FLORIDA~~:  
COUNTY OF ~~BROWARD~~:  
SCOTT

The foregoing instrument was acknowledged before me this 4<sup>th</sup> day of FEBRUARY 20 14  
by ERNEST DELANGHE as MEMBER MANAGER, of PEDAL ON, LLC a  
MINNESOTA LIMITED LIABILITY COMPANY. Who are  personally known to me or  have produced  
as identification.

(SEAL)



*Joyce L. Specht*  
Notary Public, State of ~~Florida~~ MINNESOTA  
(Signature of Notary taking Acknowledgment)

JOYCE L. SPECHT  
Name of Notary Typed, Printed or Stamped

My Commission Expires 1/31/2016

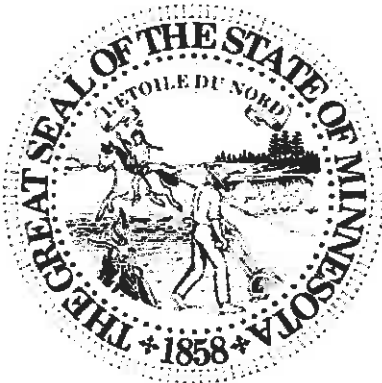
Commission Number 20307580

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Pedal On L. L. C.  
Date Filed: 08/15/2013  
File Number: 695405200024  
Minnesota Statutes, Chapter: 322B  
Home Jurisdiction: Minnesota

This certificate has been issued on: 11/12/2013



*Mark Ritchie*  
Mark Ritchie  
Secretary of State  
State of Minnesota

# State of Florida

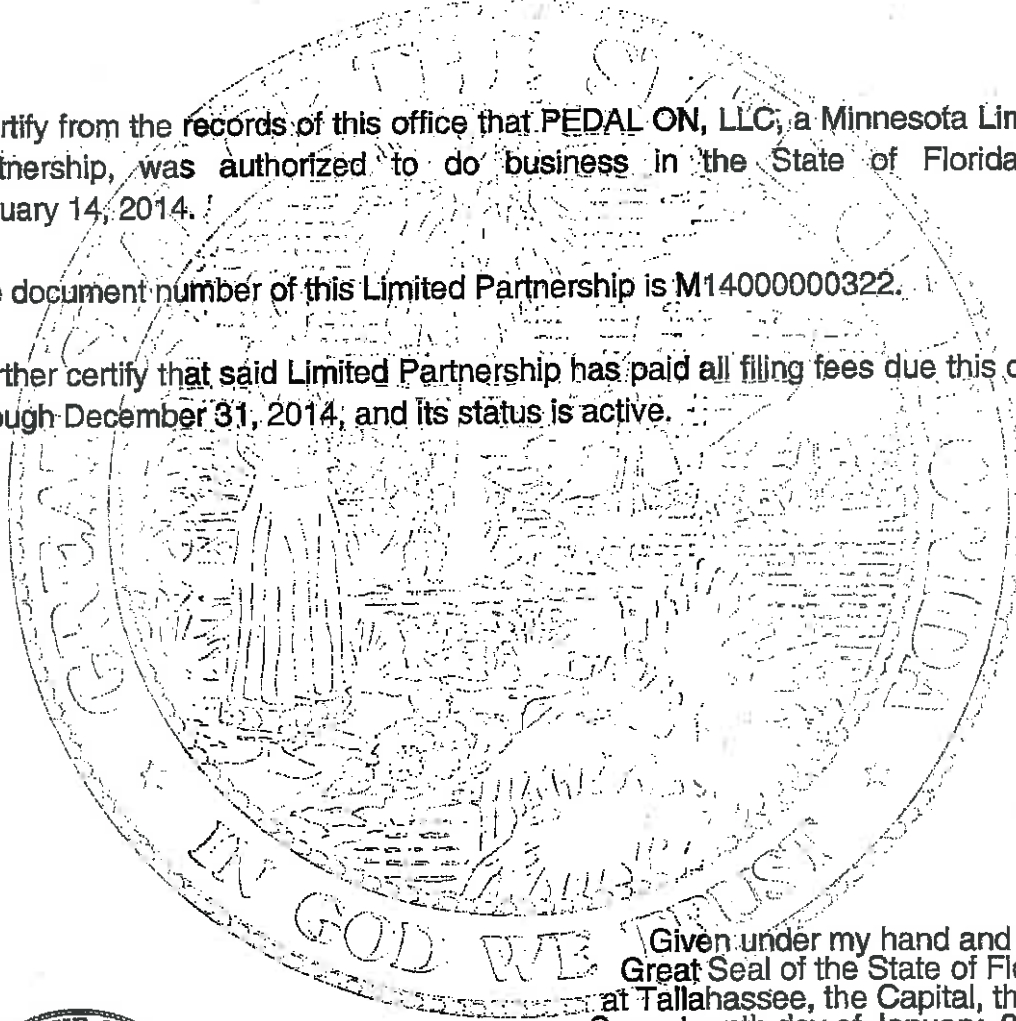


## Department of State

I certify from the records of this office that PEDAL ON, LLC, a Minnesota Limited Partnership, was authorized to do business in the State of Florida on January 14, 2014.

The document number of this Limited Partnership is M14000000322.

I further certify that said Limited Partnership has paid all filing fees due this office through December 31, 2014, and its status is active.



Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Seventeenth day of January, 2014

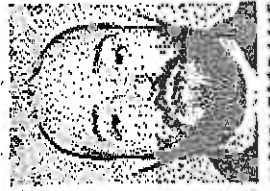


CR2EO22 (1-11)

*Ken Detzner*

Ken Detzner  
Secretary of State

DRIVER'S LICENSE



STEVEN REED ALJADAH  
8945 HWY 56  
GOLDEN VALLEY, MN 56427

Date of Birth	03-04-1980	
Sex	Eyes	Class
MR	SRN	D
Height	Weight	
6-0	210	

ISSUED 04-2013    EXPIRES 04-03-2017

MR3150324412