

1-21-15  
PH-3  
REVISED EX-2

**CITY OF FORT LAUDERDALE  
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY  
RENTAL CARS WITH CHAUFFER AND/OR SIGHSEEING VEHICLES**

DATE: 10/17/14

FILING FEE \_\_\_\_\_ LICENSE FEE \_\_\_\_\_ TOTAL DUE \_\_\_\_\_

APPLICATION FOR: New ✓ Renewal \_\_\_\_\_ Certificate \_\_\_\_\_

PUBLIC HEARING BEFORE THE COMMUNITY SERVICES BOARD ON \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ REASON \_\_\_\_\_

PUBLIC HEARING APPROVED BY CITY COMMISSION: \_\_\_\_\_

| <u>TYPES OF CERTIFICATE</u> | <u>NUMBER OF VEHICLES</u> |
|-----------------------------|---------------------------|
| A. SIGHTSEEING              | <u>2</u>                  |
| B. OTHER                    | _____                     |
| C. COURTESY CAR             | _____                     |

**REQUIRED INFORMATION**

Note: The information requested is required by Section 27-192 of the Code of Ordinances of the City of Fort Lauderdale. All required information must be provided before the application is submitted to the Community Services Board for their review.

**(1) THE NAME AND ADDRESS OF THE APPLICANT AND IF A CORPORATION, NAMES AND ADDRESSES OF THE OFFICERS AND DIRECTORS.**

**THE APPLICANT IS:**

~~Individual~~ **INCORPORATED**

Individual: Name: Fort Lauderdale Foodie Tours, LLC  
Address: 6851 Cypress Rd, Unit 12, Plantation, FL 33317

Business Entity: Name of Partner: John McArthur, Manager  
Address: 14164 N Cypress Cove Circle, Davie, FL 33325

Name of Partner: \_\_\_\_\_  
Address: \_\_\_\_\_

Corporation: President \_\_\_\_\_  
 Address \_\_\_\_\_  
 Vice President: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Secretary: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Treasurer \_\_\_\_\_  
 Director \_\_\_\_\_  
 Address \_\_\_\_\_  
 Registered Agent \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone number \_\_\_\_\_

(2) The number of motor vehicles the applicant desires to operate, including a brief description of each

Definitions (Section 27-1)

**Rental car with chauffeur** means any passenger-type vehicle for hire that is rented with a chauffeur driver by the hour, day, week or month.

**Sightseeing vehicle** means a vehicle for hire transporting passengers over the streets of the city in accordance with a contract previously made between the owner or operator and the passenger.

Applicant must attach a brief description of each vehicle desired to this application and label as Exhibit 1.

(3) 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: ~~New 2014, TXT-Gas LSV 8 Passenger golf cart~~ *Passenger van*

Proposed rate and/or fares: \$120 per ticket for Foodie Tour

Vehicle Type: \_\_\_\_\_

Proposed rate and /or fares \_\_\_\_\_

NOTE: If additional space is needed for rates and/or fares please attach a separate sheet and label it Exhibit 2. Check box below if exhibit is being provided.

Exhibit 2 is attached to this application

Rates, Fares and charges agreement

I, John McArthur, the applicant agrees that all changes in rates fares or charges, whether increased or decreased, shall be set by the city commission.

Signed \_\_\_\_\_  
Signature of Applicant

John McArthur, Manager  
Name of Applicant (print or type)



Sworn to & subscribed before me this 15<sup>th</sup> day of Oct, 2014

S. Samale  
Notary

The permanent location at which such vehicle(s) will be stored or parked when not in use.

Permanent location:

Harbour Park Warehouse- 923 SE 20th Street, B-32  
Fort Lauderdale, FL 33316

(4) The identity of the actual owner or owners of such vehicle(s) if the applicant does not own such vehicle(s).

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:

Passenger vans will be purchased after approval

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. Please check the box below if extra sheets are provided. Leave box blank if all the ownership information is provided on this form.

Exhibit 3 is attached.

(5) A financial statement prepared by a certified public accountant. N/A- New Business

A certified financial statement must be attached to this application. Please label it as Exhibit 4. Note that the ordinance requires the statement to be certified. The application cannot be forwarded to the Community Services Board without the certification. Check the box to the left when this has been attached.

(6) 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)

The applicant is the holder of a certificate. A profit and loss statement has been labeled as Exhibit 5 and attached to this application.

(7) 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 earnings and expenditures for operation, insurance premiums paid including but not limited to unemployment, workers compensation, social security, public liability.

An accurate certified account of records as described in subsection (8) above has been labeled as Exhibit 6 and attached to this application.

(8) Each application for a certificate of public convenience and necessity shall be accompanied by a tender of the license fee as provided by Section 15-57 of this Code.

The license fee is attached to this application. Fee Amount ~~\$90.30~~ 151.00 <sup>df</sup>

A comprehensive listing of any violations 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 vehicle(s) for hire?

Yes  No

If yes, business name. \_\_\_\_\_

Have you, the applicant been involved in vehicle(s) for hire in the past? Yes  No

Have you, the applicant been involved with another business regarding vehicles  
For hire?

Yes  No

If yes, business name(s) \_\_\_\_\_

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 vehicles for hire or have they ever been involved in a business regarding vehicles for hire? Yes  No

If yes, Name of Person \_\_\_\_\_

Business Name \_\_\_\_\_

Name of Person \_\_\_\_\_

Business Name \_\_\_\_\_

Note: Attach extra sheets if more room is needed. Please label as Exhibit 7 and check box to indicate that Exhibit 7 is attached.

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

I do not have any violations or complaints that meet the requirements of Section 27-192(b) (10) to report.

I have provided a comprehensive listing of the violations and or complaints that must be reported per Section 27-192(b)(10) of the Code of Ordinances. It is labeled as Exhibit 8

**Sec. 27-193. Insurance required.** See attached certificate of liability insurance

(a) After a certificate is issued but before a permit is issued to any person or corporation to operate a rental car with chauffeur and/or sightseeing vehicle, the applicant for such permit shall place in the hands of the city license inspector a policy or policies of public liability and property damage insurance for each vehicle operated as follows:

(b)

TABLE INSET:

| Type of Vehicle           | Public Liability Policies Amount | Property Damage Policies Amount |
|---------------------------|----------------------------------|---------------------------------|
| Rental car with chauffeur | \$ 50,000.00/\$100,000.00        | \$ 5,000.00                     |
| Sightseeing vehicle       | \$100,000.00/\$300,000.00        | \$25,000.00                     |

(b) All such public liability and property damage insurance policies shall be written by 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 of 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.

(11) The date the application is made

DATE Oct. 15, 2014

I hereby swear the above information is true.



[Signature]  
Signature of Applicant  
John McArthur  
Name of Applicant (print or type)

Sworn to and subscribed before me this 15<sup>th</sup> day of Oct, 2014

[Signature]  
Notary

*Amended*  
Application received on 12/17/14 by Dorene Rieffer



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/14/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |  |                                    |
|---|--|------------------------------------|
| <b>PRODUCER</b><br>BB Insurance Marketing Inc<br>10167 W Sunrise Blvd<br>3rd Floor<br>Plantation FL 33322 | <b>CONTACT NAME:</b> Marcia Hammer<br><b>PHONE (A/C, No, Ext):</b> 888-728-0817<br><b>E-MAIL ADDRESS:</b> marcia@bbimi.com | <b>FAX (A/C, No):</b> 954-452-0450 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                    |
| <b>INSURED</b><br>Fort Lauderdale Foodie<br>Tours LLC<br>8930 W State Road 84 #308<br>Davie FL 33324      | <b>INSURER A:</b> National Casualty Company  |                                    |
|   | <b>INSURER B:</b>  |                                    |
|   | <b>INSURER C:</b>  |                                    |
|   | <b>INSURER D:</b>  |                                    |
|   | <b>INSURER E:</b>  |                                    |
|   | <b>INSURER F:</b>  |                                    |

**COVERAGES**                      **CERTIFICATE NUMBER:** 116492160                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL SUBR INSR / WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|----------------------|---------------|-------------------------|-------------------------|--|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC |                      |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |                      | CAO7756586    | 10/13/2014              | 10/13/2015              | COMBINED SINGLE LIMIT (Ea accident) \$300,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>PIP \$10,000                   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$   |                      |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |                      | N/A           |                         |                         | WC STATUTORY LIMITS    OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
UM \$100,000 CSL. \$5,000 Med Pay. \$1,000 Deductible Comp/Coll.  
Ez-Go TXT Gas Vin: 3085919-FLA 69794  
Ez-Go TXT Gas Vin: 3085921-FLA 69795

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br><br>Insured's Copy<br>... | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|  | <b>AUTHORIZED REPRESENTATIVE</b><br>  |

© 1988-2010 ACORD CORPORATION. All rights reserved.





FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

FORT LAUDERDALE FOODIE TOURS, LLC

**Filing Information**

**Document Number** L14000080946  
**FE/EIN Number** NONE  
**Date Filed** 05/19/2014  
**State** FL  
**Status** ACTIVE

**Principal Address**

6851 CYPRESS RD UNIT 12  
PLANTATION, FL 33317

**Mailing Address**

8930 W STATE ROAD 84  
UNIT 308  
DAVIE, FL 33324

Changed: 05/29/2014

**Registered Agent Name & Address**

PBYA CORPORATE SERVICES, LLC  
200 SOUTH ANDREWS AVENUE, SUITE 600  
FORT LAUDERDALE, FL 33301

**Authorized Person(s) Detail****Name & Address**

Title MGR

MCARTHUR, JOHN  
14164 N. CYPRESS COVE CIR  
DAVIE, FL 33325

**Annual Reports****No Annual Reports Filed****Document Images**

05/19/2014 -- Florida Limited Liability

[View image in PDF format](#)