

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 10/16/14

Business Name or DBA (fictitious name) Fort Lauderdale Foodie Tours, LLC

Corporation Name \_\_\_\_\_

Business Address 6851 Cypress Rd, Unit 12, Plantation, FL 33317

Mailing Address (if different) 8930 W State Road 84, Unit 308, Davie, FL 33324

Business Phone 954-560-4632 Fax or email: \_\_\_\_\_

Federal Tax ID# 47-1063847

Form of Business:  Corporation  Partnership  Individual **LLC**

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

Name/ Title: John McArthur

Address: 14164 N Cypress Cove Cir

Driver License # M263-461-69-187-0 State: FL DOB 05/27/69

Phone: 954-560-4632 Email Address \_\_\_\_\_

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

Address: \_\_\_\_\_

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

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

**use back of sheet if necessary**

**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) Sightseeing  
Vehicle Tours

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)** This is a sightseeing vehicle  
business. Customers will learn about the company from local hotel  
concierge, online or word of mouth, and will call the company to  
book a tour. Tours will be given twice a day at 11am and 2pm, and  
will last for 3-4 hours. The tour will begin at Biminy Boatyard  
Bar & Grill, where customers are picked up in a golf cart. The  
golf cart will take customers on a 8 mile loop around Federal Hwy  
, Las Olas and the beach. There will be 4 stops at 4 different  
restaurants where the customers will have food tastings (price  
included in tour). The tour will conclude by bringing the  
customers back to Biminy Boatyard.

**All Business Categories (answer below)**

1. Hours of Operation: 11am- 7pm (Tours twice a day at 11am and 2pm)

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: 1-5

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: the tour will give a Ft. Lauderdale history lesson

**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: Harbour Park Warehouse  
923 SE 20th St, B-32  
Ft. Lauderdale, FL 33316

14. State License #: 391 QLZ Agency: FL DMV  
392 OLZ

Type: Regular- Class Code 1 Expires: 6/30/15

15. Federal License #: N/A 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/A

If yes, Permit #'(s)

18. Was a certificate of Occupancy issued for these renovations? Y  N (If yes, attach copy) N/A

19. What type of business previously operated at this property? N/A

20. Will there be any Valet Parking Service or Off-Site parking? Y  N/A

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**

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**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**

**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

[Signature]  
John McArthur  
Print Name

STATE OF FLORIDA:  
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of October 2014,  
by John McArthur, as Manager, of Fort Lauderdale Foodren a  
FL limited liability company Tours, LLC. Who are  personally known to me or  have produced

as identification.

(SEAL)



S. Samale  
Notary Public, State of Florida (Signature  
of Notary taking Acknowledgment)

S. Samale  
Name of Notary Typed, Printed or Stamped

My Commission Expires: 8/3/18

Commission Number: FF147500



**Articles of Incorporation**

[See attached]

5/19/2014

Division of Corporations

**L140001817946**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000118179 3))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.  
Account Number : 120040000167  
Phone : (305) 377-0809  
Fax Number : (305) 377-0781

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
14 MAY 19 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
Fort Lauderdale Foodie Tours, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2014 MAY 19 AM 8:50

FILED

MAY 20 2014

J. BRUCE

Fax Audit No.: H14000118179 3

**ARTICLES OF ORGANIZATION  
OF  
FORT LAUDERDALE FOODIE TOURS, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

In forming a Florida Limited Liability Company (the "Company") under the Florida Revised Limited Liability Company Act, Chapter 605 of the Florida Statutes, the undersigned adopts the following Articles of Organization:

**ARTICLE I  
NAME**

The name of the Company is **FORT LAUDERDALE FOODIE TOURS, LLC.**

**ARTICLE II  
ADDRESS**

The principal office address of the Company is: 6851 Cypress Rd Unit 12, Plantation, FL 33317. The mailing address of the Company is: 6851 Cypress Rd Unit 12, Plantation, FL 33317.

**ARTICLE III  
REGISTERED AGENT AND REGISTERED ADDRESS**

The Registered Agent of the Company is **PBYA Corporate Services, LLC**, the address of which is: 200 South Andrews Avenue, Suite 600, Fort Lauderdale, FL 33301.

**ARTICLE IV  
MANAGEMENT**

The Company shall be **MANAGER MANAGED**. The initial manager who shall serve until the first annual meeting of the member(s) or until a successor(s) is elected and qualified is as follows:

Manager: John McArthur  
14164 N. Cypress Cove Cir  
Davie, FL 33325

**ARTICLE V  
PURPOSE**

The purpose for which this Company is organized is any and all lawful business.

IN WITNESS WHEREOF, the undersigned authorized representative has hereunto set his hand and seal on this 19th day of May, 2014.

  
\_\_\_\_\_

FILED  
2014 MAY 19 AM 8:50  
STATE OF FLORIDA  
HALL COUNTY CLERK  
TALLAHASSEE, FLORIDA

Fax Audit No.: H14000118179 3

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**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the Company is FORT LAUDERDALE FOODIE TOURS, LLC.

The Registered Agent of the Company is PBYA Corporate Services, LLC, the address of which is: 200 South Andrews Avenue, Suite 600, Fort Lauderdale, FL 33301.

Having been named as registered agent and to accept service of process for the foregoing limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated as of the 19<sup>th</sup> day of May, 2014.

SIGNED:

**PBYA Corporate Services, LLC**

By: Perlman, Bajandas, Yevoli & Albright, P.L., MGRM

By:   
Edward T. Yevoli Esq., Manager

**FILED**  
2014 MAY 19 AM 8:50  
SECRETARY OF STATE  
PALM BEACH COUNTY FLORIDA

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