

PERLMAN, BAJANDAS, YEVOLI & ALBRIGHT, P.L.

ATTORNEYS AT LAW

October 16, 2014

Transportation and Mobility Department
Attn: Keela
290 NE 3rd Ave
Fort Lauderdale, FL 33301

Re: Fort Lauderdale Foodie Tours, LLC (the "Company")

Dear Sir/Madam:

Please find enclosed the following:

1. Application for Sightseeing Vehicle License for the Company
2. Copy of the Company's Broward County Business Tax Receipt
3. Fort Lauderdale Business Tax Application (with attachments)
4. Check for Permit Fee in the amount of \$90.30
5. Check for Application Fee in the amount of \$100

If you have any questions at all concerning the enclosed applications, please do not hesitate to contact me at 954-806-1802.

Sincerely,



Selena Samale, Esq.

FT. LAUD. PARKING
-5 NOV 2014 15 30

P | B | Y | & | A

200 SOUTH ANDREWS AVENUE, SUITE 600 | FORT LAUDERDALE, FLORIDA 33301 | T 954.566.7117 | F 954.566.7115

1000 BRICKELL AVENUE, SUITE 600 | MIAMI, FLORIDA 33131 | T 305.377.0086 | F 305.377.0781

CAM #14-1465
Exhibit 2
Page 1 of 11

**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 Y 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:

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 umber _____

(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

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 15th 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: _____

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

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 15th day of Oct, 2014

[Signature]
Notary

Application received on _____ by _____



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).

PRODUCER BB Insurance Marketing Inc 10167 W Sunrise Blvd 3rd Floor Plantation FL 33322		CONTACT NAME: Marcia Hammer PHONE (A/C, No, Ext): 888-728-0817 E-MAIL ADDRESS: marcia@bbimi.com FAX (A/C, No): 954-452-0450	
INSURED Fort Lauderdale Foodie Tours LLC 8930 W State Road 84 #308 Davie FL 33324		INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 11991	

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	ADDITIONAL INSURERS	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAO7756586	10/13/2014	10/13/2015	COMBINED SINGLE LIMIT (Ea accident) \$300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$10,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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/Coil.
Ez-Go TXT Gas Vin: 3085919-FLA 69794
Ez-Go TXT Gas Vin: 3085921-FLA 69795

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

Ft. Lauderdale Foodie Tours Itinerary

- Stop 1. Bimini Boatyard
- Stop 2. Timpano Chophouse
- Stop 3. S3 Hilton
- Stop 4. 15th Street Fisheries

Exhibit 1

Description of Vehicles

The company owns two sightseeing vehicles. Both are golf carts, described as:

NEW 2014, TXT-Gas LSV, 8-Passenger (custom stretched in 2014), Black, Speed racer tires on 10" aluminum wheels, Head Lights, Tail lights, Brake lights, Turn signals, Horn, Windshield, Windshield wiper, Rear-view mirror, Side-view mirror, reflectors, SMV triangle, (8) seat belts (one at every seating position), White tag light, "Vehicle speed not to exceed 25 MPH on public roads" sticker, Diamond plate rocker panels, MAX5 flip seat-Tan with cooler, Lim top-Tan, DMV Paperwork, Inspected

The VINs for these vehicles are:

- 3085919-FLA69794
- 3085921-FLA69795

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000
VALID OCTOBER 1, 2014 THROUGH SEPTEMBER 30, 2015

DBA: FORT LAUDERDALE FOODIE TOURS LLC
Business Name: FORT LAUDERDALE FOODIE TOURS LLC
Receipt #: 326-265117
Business Type: (TOUR VEHICLE) COURIER/TRANSPORT/DELVRY/TOWING

Owner Name: JOHN MCARTHUR
Business Location: 923 SE 20 ST
 FT LAUDERDALE
Business Phone:
Business Opened: 10/16/2014
State/County/Cert/Reg:
Exemption Code:

Rooms: **Seats:** **Employees:** 5 **Machines:** **Professionals:**

Tax Amount	Number of Machines:				For Vending Business Only			Vending Type:		Total Paid
	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost					
33.00	0.00	0.00	0.00	0.00	0.00	0.00			33.00	

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:
 FORT LAUDERDALE FOODIE TOURS LLC
 8930 W STATE ROAD 84 UNIT
 308
 DAVIE, FL 33324

Receipt # 04B-14-00000321
Paid 10/16/2014 33.00

2014 - 2015