

Rev: 08/08/2016

Transportation and Mobility Department

CITY OF FORT LAUDERDALE VEHICLES FOR HIRE APPLICATION

	Date: 52919
TYPES OF CERTIFICATE (see definitions below)	NUMBER OF VEHICLES
A. TAXICAB B. MOTEL OR HOTEL COURTESY CARS C. COURTESY CAR D. RENTAL VEHICLE-CHAUFFEUR OR SIGHTSEEING E. NON MOTORIZED VEHICLES-FOR HIRE F. NON MOTORIZED VEHICLES-SELF PROPELLED	<i>B B B B B B B B B B</i>
REQUIRED INFORMATION	
Note: Additional information for each category can be obtained the Code of Ordinances of the City of Fort Lauderdale. THE APPLICANT IS:	by reading Section 27-192 of
☐ INDIVIDUAL ☐ BUSINESS ENTITY ☐	CORPORATION
PLEASE PRINT	
Individual / Business Name: Jano Coach Lines, Inc	<u> </u>
Address: 3615 Davie Blvd FT. Lauderdale,	FL 33312
Contact Person: Jason Janowitz	
Phone Number: 954-473-Lele31 E-mail address: Joso	n @ larryslimo con
 The number of motor vehicles the applicant desires to description of each (make, model and year), and identification number (VIN) and license plate number. 	
Definitions (Section 27-1)	
Rental car with chauffer means any passenger-type rented with a chauffeur driver by the hour, day, week, or m	vehicle for hire that is onth.
Sightseeing vehicle means a vehicle for hire transportir streets of the city in accordance with a contract previous owner or operator and the passenger.	ng passengers over the sale made between the
Applicant must attach a brief description of each vehicle desire transportation service proposed to this application and label as	d and a description of the EXHIBIT 1.

Page 1 of 5



Transportation and Mobility Department

Exhibit 1 is attached to this application.

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: Plasa Sec attached	
Proposed rate and/or fare:	
Vehicle Type:	
Proposed rate and/or fare:	
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.	ł
Exhibit 2 is attached to this application.	
Rates, Fares and charges agreement I, Joson Tonowitz , the applicant agrees that all changes in rates, fares or charges, whether increased or decreased, shall be set by the city commission. Signature of Applicant Joson Jonowitz Name of Applicant (print or type) Sworn to & subscribed before me this day of May , 2019 CORY ANN BACHAN MY COMMISSION #FF939007 EXPIRES: NOV 24, 2019 Bonded through 1st State Insurance Notary	
The permanent location at which such vehicle(s) will be stored or parked when not in use. Permanent Location: 31015 Davie Blvd Fort Lauderdale, FL 33312	

Page 2 of 5



Transportation and Mobility Department

 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 to this application.
A financial statement prepared by a certified public accountant. NOTE: A certified financial statement must be attached to this application; please label it as EXHIBIT 4. The ordinance requires that the statement be certified. The application cannot be forwarded to the City Commission without the certification. Check box below when this has been attached. Exhibit 4 is attached to this application.
5) 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) or this is a new business.
The applicant is the holder of a certificate. A profit and loss statement has been labeled as EXHIBIT 5 and attached to this application.
6) 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 earning and expenditures for operation, insurance premiums paid including but not limited to unemployment, workers compensation, social security, and 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.



Transportation and Mobility Department

 Each application for a certificate of public convenience and necessity shall be accompanied by tender of the license fee as a provided by Section 15-57 of this Code.
The license fee is attached to this application. Fee Amount
8) A comprehensive listing of any violation 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 vehicles for hire?
Yes No
If yes, business name: Jano Coach Lines, Inc.
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 vehicle(s) for hire?
Yes No
If yes, business name: Parther Car Svc. LLC
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 vehicle(s) for hire?
Yes No
If yes: Name of Person Matthew Janowitz
Business Name M& Flect Services UC
Names of Person
Business Name
NOTE: Attach extra sheets if more room is needed. Please label as EXHIBIT 7 and check box below.
Exhibit 7 is attached to this application.
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 .



Venice of America Trans	sportation and Mobility	Department					
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.							
9) Sec. 27-193. Insurance re	quired.						
operate a rental car with c shall submit to the Transp	d but before a permit is issued hauffeur and/or sightseeing vehi portation and Mobility Departme ge insurance for each vehicle ope	cle, the applicant for such permit nt a policy or policies of public					
Type of Vehicle	Public Liability Policies Amount	Property Damage Policies Amount					
Rental Car with Chauffeur	\$ 50,000 / \$100,000	\$ 5,000.00					
Sightseeing vehicle	\$100,000 / \$300,000	\$25,000.00					
Non-motorized	\$1,000,000 / \$2,000,000	Medical: \$10,000 per person					
void the certificate of publ with chauffeur and/or sight. Please note that this applicati	keep same in full force and effection convenience and necessity or seeing vehicle covered by such properties on will be forwarded to the Post may be a part of public record. See made. DATE:	permit granted to the rental car policy.					
l hereb	y swear the above information	n is true.					
Name of Applicant (print or type) Signature of Applicant							
Sworn to and subscribed	Sworn to and subscribed before me this 29 day of 9 , 2019						
CORY ANN BACHAN MY COMMISSION #FF939007 EXPIRES: NOV 24, 2019 C. Lu Bolkou							
Bonded through 1st State Insurance							
		'					
(Office Use Only) Application re	eceived on by						
Rev: 08/08/2016		Page 5 of 5					



Jano Coach Lines, Inc.

Family owned & operated service providing local transportation throughout Broward, Miami-Dade, and Palm Beach County as well as fulfilling any national services needed. Licensed and insured, we are capable of providing services for any size group.

Services include airports, seaports, day and night outings, corporate events, private events, individuals and groups.

Year	Make	Model	Number of Passengers	Color	Vin Number	Vehicle
2013	Ford	Econoline	10 Passenger Van Bench Seating	Black	1FBSS3BL0DDA24684	
2014	Ford	F550	24 Passenger Shuttle Bus Captain Seating	Black	1FDAF5GY0EEA0541	
2015	Mercedes	Sprinter	13 Passenger Captain Seating	Black	WD3PF4CC7F5948069	
	Ford	F650-Grech	40 PassengerShuttle Bus Captain Seating		3FRPF6FE9FV567832	

Year	Make	Model	Number of Passengers	Color	Vin Number	Vehicle
	Freightliner	Tiffany	50 Passenger Shuttle Bus Captain Seating	White	1FVACXDT3GHHJ7522	
2017	Mercedes	Sprinter	13 Passenger Captain Seating	Black	WDAPF4CC9HP374901	
2017	Turtle Top	Odyssey	24 Passenger Shuttle Bus Captain Seating	White	1FDXE4FS8GDC11459	
	Mercedes	Sprinter	12 Passenger Limo Style Seating	Black	WDAPF4CC2JP609046	

Year	Make	Model	Number of Passengers	Color	Vin Number	Vehicle
2019	Ford	F550	27 Passenger Shuttle Bus Captain Seating	White	1FDAF5GY6KED57230	

RETAIL PRICE SHEET

Exhibit 2

VEHICLE	PASSENGER CAPACITY	BROWARD TO BROWARD	BROWARD TO MIAMI	MIAMI TO MIAMI	PLM BCH TO BROWARD	PLM BCH TO MIAMI	PLM BCH TO PLM BCH	HOURLY RATE	HOURLY MINIMUM	XFER - ADDITIONAL STOP
MINI BUS	24	\$195	\$235	\$195	\$235	\$255	\$195	\$85/HR	S)	\$25
MINI BUS	36	\$225	\$265	\$225	\$265	\$285	\$225	\$95/HR	HOURS	\$25
MOTOR COACH	57	\$325	\$365	\$325	\$365	\$385	\$325	\$105/HR	Ŋ	\$50

^{**}TRANSFER RATES ARE PLUS 35%; Gratuity & STC (Standard Transportation Charge)**

HOURLY RATES ARE PLUS 20% GRATUITY

ADD FEES WHERE APPLICABLE: POM - (EACH WAY) \$18

MIA - (EACH WAY) \$15

FLL - (ARRIVALS ONLY) \$22.50

JANO COACH LINES, INC.

COMPILED FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2018

KOUTOULAS & RELIS, LLC
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

CONTENTS

Independent Accountants' Compilation Report	1
Statement of Assets, Liabilities and Stockholder's Deficit - Tax Basis as of December 31, 2018	2
Statement of Revenues, Expenses and Accumulated Deficit – Tax Basis for the	3



Independent Accountants' Compilation Report

To the Shareholders of Jano Coach Lines, Inc Davie, FL

Management is responsible for the accompanying financial statements of Jano Coach Lines, Inc (an S Corporation), which comprise the statement of assets, liabilities, and stockholder's deficittax basis as of December 31, 2018, and the related statement of revenues, expenses, and accumulated deficit-tax basis for the year then ended in accordance with the tax basis of accounting, and for determining that the tax basis of accounting is an acceptable financial reporting framework. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

The financial statements are prepared in accordance with the tax basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Management has elected to omit substantially all the disclosures ordinarily included in financial statements prepared in accordance with the tax basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's assets, liabilities, equity, revenues and expenses. Accordingly, the financial statements are not designed for those who are not informed about such matters.

The Company, with the consent of its shareholders, has elected under the Internal Revenue Code to be an S corporation. In lieu of corporation income taxes, the shareholders of an S corporation are taxed on their proportionate share of the Company's taxable income. Therefore, no provision or liability for Federal income taxes is reflected in these financial statements.

Louton sour, LLC Koutoulas & Relis, LLC

Plantation, FL

June 4, 2019

Jano Coach Lines, Inc. <u>Statement of Assets, Liabilities and Stockholder's Deficit - Tax Basis</u>

	Decen	nber 31, 2018
Assets		
Current Assets		
Cash and cash equivalents	\$	14,702
Intercompany receivable		324,680
Loans to shareholder		54,037
Total Current Assets		393,419
Fixed assets		792,463
Accumulated depreciation		(665,313)
Fixed assets, net		127,150
Total Assets	\$	520,569
Liabilities and Stockholder's Deficit		
Current Liabilities		
Credit card payable		21,030
Total Current Liabilities		21,030
Long-Term Liabilities		
Loan payable - Auto financing		501,564
Total Long-Term Liabilities		501,564
Stockholder's Deficit		
Common Stock: \$1 par, 1000 shares issued and outstanding		1,000
Accumulated deficit		(3,025)
Total stockholder's deficit		(2,025)
Total Liabilities and Stockholder's Deficit	\$	520,569

Jano Coach Lines, Inc. <u>Statement of Revenues, Expenses and Accumulated Earnings - Tax Basis</u>

	For the Year Ended December 31, 2018
Revenues:	0 1010 197
Service fees	\$ 1,010,186
Total revenues	1,010,186
Cost of revenues	249,950
Gross profit	760,236
Operating expenses:	177 104
General and administrative expenses	177,124
Depreciation	174,201
Total operating expenses	351,325
Net operating income	408,911
Other income (expense):	•
Gain on sale of vehicle	28,864
Interest expense	(5,758)
Total other income	23,106
Net income	432,017
Accumulated deficit - Beginning of the year	(435,042)
Accumulated deficit - End of period	\$ (3,025)



Venice of America Transportation and Mobility Department					
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.					
9) Sec. 27-193. Insurance re	quired.				
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 submit to the Transportation and Mobility Department a policy or policies of public liability and property damage insurance for each vehicle operated as follows:					
Type of Vehicle	Public Liability Policies Amount	Property Damage Policies Amount			
Rental Car with Chauffeur	\$ 50,000 / \$100,000	\$ 5,000.00			
Sightseeing vehicle	\$100,000 / \$300,000	\$25,000.00			
Non-motorized	\$1,000,000 / \$2,000,000	Medical: \$10,000 per person			
state. Such policies shall be deposited with the license inspector or 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.					
10) The date the application is made. DATE: 5 / 29 / 19					
l hereb	y swear the above information	is true.			
Jason Janowitz					
Name of Applicant (print or type) Signature of Applicant					
Sworn to and subscribed before me this 29 day of May , 20 19					
CORY ANN BACHAN MY COMMISSION #FF939007 EXPIRES: NOV 24, 2019 Bonded through 1st State Insurance	Cy Lu Boshou Notary	·			
(Office Use Only) Application re	celved onby				
Pov. 09 /00 /2016					
Rev: 08/08/2016		Page 5 of 5			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/29/2019

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(les) must have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of		s).				
PRODUCER	NAME: Susan vve	CONTACT NAME: Susan Weaver				
RRL Insurance Agency 4450 W. Eau Gallie Blvd., Suite 115	PHONE (A/C, No, Ext): 800-40	PHONE (A/C, No, Ext): 800-407-4077 (A/C, No): 321-752-7980				
Melbourne FL 32934	E-MAIL ADDRESS: PLove@					
			RDING COVERAGE	NAIC#		
	INSURER A : Burlingto			23620		
INSURED		INSURER B : Northland Insurance Company 24015				
Jano Coach Lines, Inc.	INSURER C :					
3615 Davie Blvd. Davie FL 33312	INSURER D :					
	INSURER E :					
	INSURER F :					
COVERAGES CERTIFICATE NUMBER: 1170744173			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	AVE BEEN ISSUED TO	THE INSURE	ED NAMED ABOVE FOR TH	HE POLICY PERIO	D.	
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.						
NSR ADDL SUBR LTR TYPE OF INSURANCE INSD WYD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	\$		
A X COMMERCIAL GENERAL LIABILITY Y 892B015227	11/5/2018	11/5/2019	EACH OCCURRENCE	\$1,000,000		
CLAIMS-MADE X OCCUR			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
			MED EXP (Any one person)	\$ 5,000		
			PERSONAL & ADV INJURY	\$ 1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	\$ 2,000,000		
POLICY PRO- LOC			PRODUCTS - COMP/OP AGG	\$ Included		
OTHER:			COURT OF THE PARTY	\$		
B AUTOMOBILE LIABILITY Y WP009120	11/5/2018	11/5/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
ANY AUTO			80DILY INJURY (Per person)	\$		
OWNED X SCHEDULED AUTOS			BODILY INJURY (Per accident)	\$		
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			PROPERTY DAMAGE (Per accident)	\$		
				\$		
UMBRELLA LIAB OCCUR			EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE			AGGREGATE	\$		
DED RETENTION\$			LDED CT	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE N/A			E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under			E.L. DISEASE - EA EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is named Additional Insured with respect to General Liability as required by written contract.						
CERTIFICATE HOLDER	CANCELLATION	30 Day Notice	e of Cancellation			
	3,	-3 -45 11000				
			ESCRIBED POLICIES BE CA			
ACCORDANCE WITH THE POLICY PROVISIONS.						
City of Fort Lauderdale 100 N. Andrews Ave						
Fort Lauderdale FL 33301	AUTHORIZED REPRESE	AUTHORIZED REPRESENTATIVE				
Villip More						
ADDR 2045 A CORD CORDORATION All visible records						