

JUN 12 2014

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City of Fort Lauderdale
700 NW 19th Avenue
Ft. Lauderdale, FL 33311
(954) 828-5195

Business Tax Application

- New Business
- Change of Address
- Change of Ownership
- Change of Name
- Other _____

Office Use Only

Business ID# _____

Business# _____

Date 6/12/2014.

Business Name or DBA (fictitious name) SHUTTIECAB . LLC .

Corporation Name SAME

Business Address 2851 W. PROSPECT RD. #801.

Mailing Address (if different) SAME

Business Phone 954. 200. 0009. Fax or email: _____

Federal Tax ID# _____

Form of Business: Corporation Partnership Individual L.L.C.

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

Name/ Title: OWNER / PRESIDENT JOHANNIS TORRES

Address: 2851 W. PROSPECT RD #801.

Driver License # T620.433.72.262.0 State: FLA DOB 07.22.72.

Phone: 954. 200. 0009 Email Address SHUTTIECAB@HOTMAIL.COM

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) SHUTTLE &

LIMOUSINE SERVICE

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) SHUTTLE & LIMOUSINE
SERVICE

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: _____

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 # Broward county # 14840

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.

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 yes

X 2. Total Square Footage of residence: 2450 ^{sqft} Square Footage to be occupied by business: 350 ^{sqft}

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.

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

[Handwritten Signature]
JOHANNES TORRES
Print Name

STATE OF FLORIDA:
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this 12 day of June 2014,
by Johannes M Torres as owner, of Shulle Cab a

[Signature]. Who are personally known to me or have produced
FL Drivers license as identification.

(SEAL) (FB20-433-72-262-0)



[Handwritten Signature]
Notary Public, State of Florida (Signature
of Notary taking Acknowledgment)

STEFAN MOHAMMED
Name of Notary Typed, Printed or Stamped

My Commission Expires: Aug 5 2017

Commission Number: FF042918