

**CITY OF FORT LAUDERDALE  
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY  
NON-MOTORIZED VEHICLE**

New \$151.  
Renewal \$1000

DATE 2/6/14

FILING FEE \_\_\_\_\_ LICENSE FEE \_\_\_\_\_ TOTAL DUE \$151<sup>00</sup>

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

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

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

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

**TYPES OF CERTIFICATE**

**NUMBER OF VEHICLES**

A. NON-MOTORIZED

1

**REQUIRED APPLICATION INFORMATION**

A filing fee of one hundred and fifty dollars shall accompany every new and renewal application.

**Note:** The information requested below is required by Section 27-227 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 number, type, make, model and other information which describes each type of non-motorized vehicle to be operated or a full description of each animal to be used or both.

**Non-motorized vehicle** means a vehicle used in a business for transporting passengers, which is propelled by animal or human power.

Type	Make	Model	Quantity
NON-MOTORIZED	CARTEK	BEER WHEEL DR	1

Attach additional sheets labeled **Exhibit 1** if more room is needed. The additional sheets should include any information needed to describe each type of non-motorized vehicle and to provide a full description of each animal to be used, if applicable.

Will animals be used? Yes  No

(2) The name, address and telephone number of the operator. If other than a natural person, such as a corporation, the name and address of each principal and of the registered agent shall also be submitted.

The applicant is:

NOT INCORPORATED

Individual: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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

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

Corporation: President: See Exhibit A  
Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

Director: \_\_\_\_\_

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

Registered Agent CORPORATE SERVICE COMPANY

Address 1201 HAYS ST., TALLAHASSEE, FL 32301

Contact Person MARK LULLY

Address 12571 OLIVER AV. S., STE 600, BURNSVILLE MN 55337

Phone Number 612-227-6199

(3) A list of all other locales in which the operator is engaged in or associated with a non-motorized vehicle business.

Locale: N/A

Name of Business: \_\_\_\_\_

Locale: \_\_\_\_\_

Name of Business: \_\_\_\_\_

NOTE: Attach separate sheets labeled Exhibit 2 if you have other locales to list.

- (4) A map depicting the proposed route which shall be of such scale as to designate in detail the exact locations of all passenger embarkation and debarkation points and, if applicable the location at which the non-motorized vehicles will be loaded and unloaded from a truck or trailer.

Label map and all other sheets needed to provide, in detail points of passenger embarkation and debarkation Exhibit 3 and attach to the application.

Will the non-motorized vehicles be loaded and unloaded from a truck Yes  No  or trailer? If yes, show location on map.

- (5) The location of the storage facility for the non-motorized vehicles when not in use.

Storage location 855 W. COMMERCIAL BLVD, FT. LAUDERDALE, FL 33309

- (6) If applicable, a full description of the arrangements made for the housing and care of all animals to be used to propel non-motorized vehicles, as well as measures to be undertaken for sanitary removal of animal waste from the route.

I will not use animals in this business

I will use animals in the business and have attached Exhibit 4 to describe the housing and care of the animals as well as measures to be taken for removal of animal waste.

- (7) The days and hours of operation

SUNDAY - MONDAY, 10 AM - 10 PM  
(SOME TOURS MAY OPERATE UNTIL MIDNIGHT)

- (8) The fares to be charged per passenger, per ride, or both.

MONDAY - THURSDAY \$200<sup>00</sup> / VEHICLE PER HOUR - 2 HR. MIN.  
FRIDAY - SUNDAY \$225<sup>00</sup> / VEHICLE PER HOUR - 2 HR. MIN.

- (9) If applicable, a description of any advertising to be displayed on each non-motorized vehicle.

NO ADVERTISING OTHER THAN OUR COMPANY LOGO, WEBSITE  
ADDRESS AND TELEPHONE NUMBER.

- (10) The identity of each driver, by providing a two-inch by two inch photograph and a copy of the state driver's license for each, as well as the driver's address. Any changes in the status of any driver information must be promptly reported by the operator to the Tax Division.

Label this information as Exhibit 5 and attach the sheets to this application.

- (11) The name, address and telephone number of the business operation and evidence of its registration as a fictitious name or trade name, if applicable.

Name PEDAL ON, LLC

Address 12571 OLIVER AVE S, SUITE 1000, BURNSVILLE, MN 55337

Telephone Number 952-540-4716

This company is not registered as a fictitious name or trade name.

This company has a registered fictitious name or trade name. Evidence attached as **Exhibit 6**.

(12) If animals are proposed to be used, a written statement from a local veterinarian certifying that each animal is in good health and fit for non-motorized vehicle service. A similar statement shall be supplied to the Tax division (6) months after license issuance, certifying that each animal is fit to continue service.

This business will not use animals

This business will use animals. The required veterinarian statement(s) is/are attached as **Exhibit 7**

Please note that the application must be reviewed per requirements of Section 27-227 ©.

c) The license division shall send a copy of each completed application to the police and fire departments, the planning and community development department and the office of the city manager. Each shall provide the license division a written evaluation of the application, including proposed conditions of approval, if applicable, based upon consideration of the following criteria:

(1) The size and intensity of the proposed operation and its effect upon vehicular and pedestrian traffic flow over the proposed route and the impact, if any, upon affected commercial areas, residential neighborhoods, or both.

(2) The existence of identical or similar operations which use or propose to use all or part of the same route and the potential for adverse effect, if any, upon traffic flow, affected commercial areas, residential neighborhoods, or any of them.

(3) If animals are to be used for propulsion, the adequacy of the operator's arrangements for animal welfare and the measures for preservation of sanitary conditions within the city.

(4) Any other public health, safety or welfare concern.

A certificate of insurance must be approved by the city risk manager prior to the issuance or renewal of any permit.

**Sec. 27-230. Insurance.**

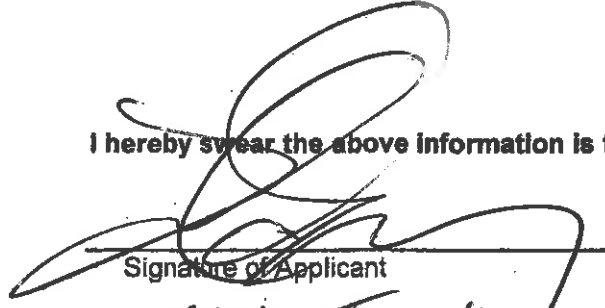
For each non-motorized vehicle there shall be maintained a policy or policies of public liability insurance with a combined single limit for death, bodily injury and property damage liability of at least fifty thousand dollars (\$50,000.00) per person and one hundred thousand dollars (\$100,000.00) per occurrence. All such insurance policies shall be written by companies authorized to transact business in the state. A certificate of insurance indicating the liability amounts and the policy period must be filed with the license division and approved by the city risk manager prior to issuance or renewal of any permit. All such policies shall be kept in full force and effect at all times any non-motorized vehicle is operated within the city.

The date the application is made

DATE

2/16/14

I hereby swear the above information is true.



Signature of Applicant

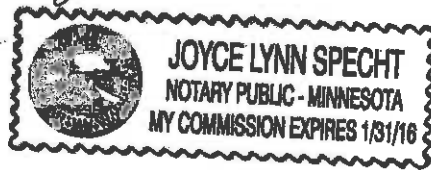
MARK TULLY

Name of Applicant (print or type)

Sworn to and subscribed before me this 6<sup>TH</sup> day of FEB, 2014



Notary



Application received on \_\_\_\_\_ by \_\_\_\_\_

**EXHIBIT A**

**PEDAL ON, LLC**

12571 Oliver Avenue South  
Suite 600  
Burnsville, MN 55337

EIN #46-3427079

Organized in the State of Minnesota August 15, 2013

**MEMBERS:**

FoxPoint Ventures, Inc.  
Ernest DeLanghe, CEO  
12571 Oliver Avenue South  
Suite 600  
Burnsville, MN 55337  
952-540-4716

Brian Sherman  
7014 Upton Avenue South  
Richfield, MN 55423  
630-450-6859

Daniel Riley  
4920 Vallacher Avenue  
St. Louis Park, MN 55416  
952-454-4961

Mark Tully  
4921 Vincent Avenue South  
Minneapolis, MN 55410  
612-227-6199





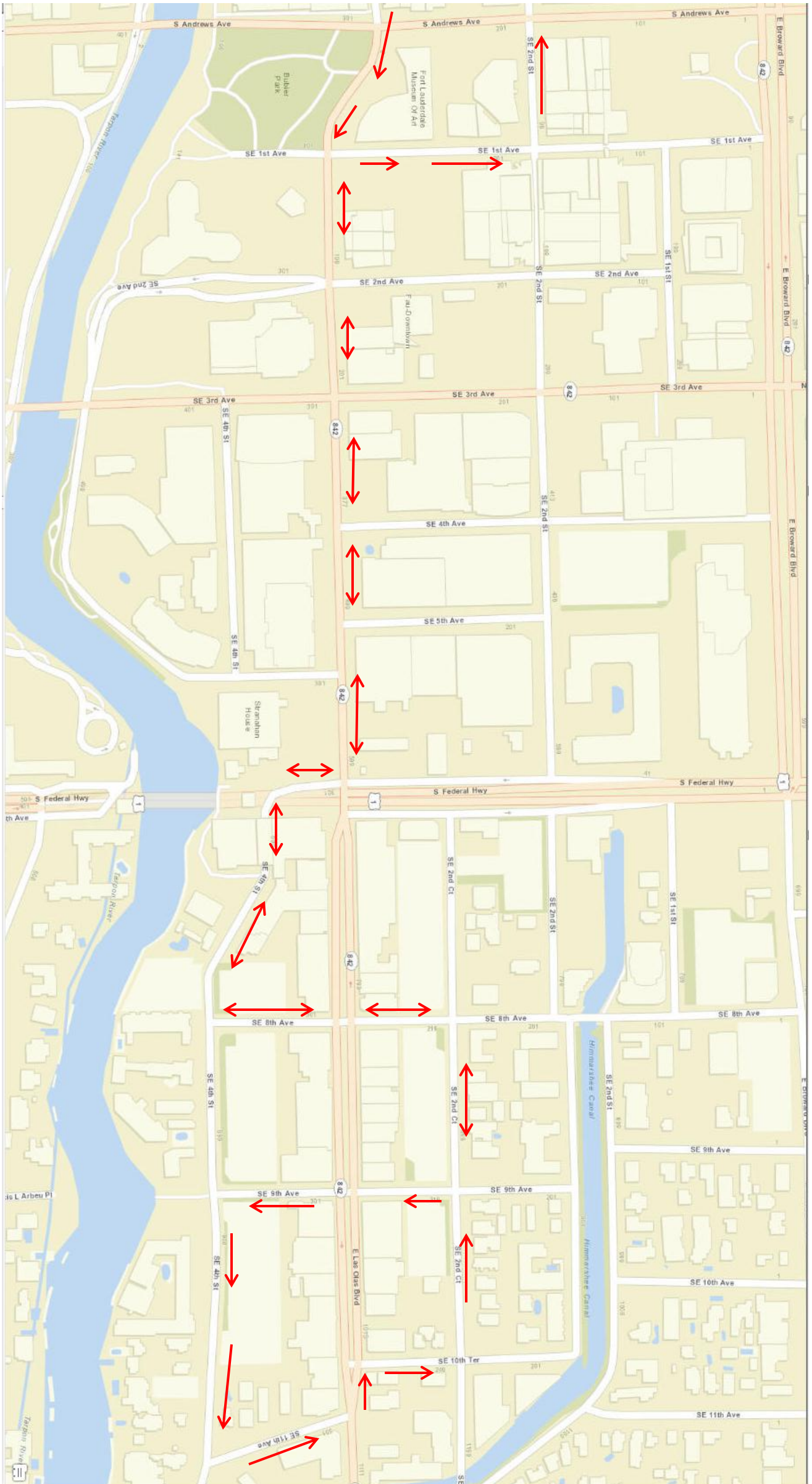




Exhibit 5 -

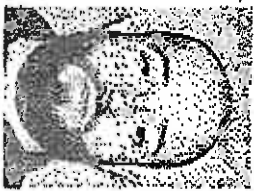
STEVEN ALJADAH IS SEEKING RESIDENCE  
IN FLORIDA NOW. ONCE RESIDENCE IS  
ESTABLISHED, HE WILL GET FLORIDA  
DRIVER'S LICENSE AND PROVIDE  
COPY WITH PASSPORT PHOTOS.

**DRIVER'S LICENSE**

STEVEN REED ALJADAH  
8945 HWY 55  
GOLDEN VALLEY, MN 55427

Date of Birth: 01-04-1986  
Sex: M Eyes: BRN Class: D  
Hgt: 6-0 Wght: 210

ISSUED 04-2013 EXPIRES 04-2013





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/05/2014

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 ENDORSEMENT 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).

INSURED  
MN-01 - Burns & Wilcox, Ltd - Minnesota  
333 South 7<sup>th</sup> Street, Suite 1300  
Minneapolis MN 55402

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	ATAH SPECIALTY INSURANCE COMPANY	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

INSURED  
PEDAL ON LLC  
12571 OLIVER AVE SUITE 600  
BURNSVILLE, MN 55337

**COVERAGE:**  
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.

TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRES DATE (MM/DD/YYYY)	LIMITS
<b>A GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCLR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CIP183301	02/05/2014	02/05/2015	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Per occurrence) \$ 100,000 MED EXP. (Per occurrence) \$ 5,000 PERSONAL & ADJ. LIABILITY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMMOD. (2) \$ 2,000,000
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COVERED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ \$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY FEELING THAT PARTNER'S EXECUTIVE OFFICER/MEMBER ENCLOSED (Type description under SPECIAL PROVISIONS block)				<input type="checkbox"/> VIC STATUS <input type="checkbox"/> OTH-ER <input type="checkbox"/> TEST LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - PER EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
OTHER				\$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
The certificate holder below is listed as an additional insured per form AF000359.  
Location: 355 W. Commercial Blvd., Fort Lauderdale, FL 33309

**CERTIFICATE HOLDER**  
CITY OF FORT LAUDERDALE  
TRANSPORTATION AND MOBILITY  
290 NE 3RD AVENUE  
FORT LAUDERDALE, FLORIDA 33301

**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