



Venice of America

Transportation and Mobility Department

CITY OF FORT LAUDERDALE
VEHICLES FOR HIRE APPLICATION

Date: 6/24/22

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

4

REQUIRED INFORMATION

Note: Additional information for each category can be obtained by reading Section 27-192 of the Code of Ordinances of the City of Fort Lauderdale.

THE APPLICANT IS:

☐ INDIVIDUAL

☒ BUSINESS ENTITY

☐ CORPORATION

PLEASE PRINT

Individual / Business Name: DREAMRIDE FORT LAUDERDALE, LLC

Address: 1359 SW 21 ST TERRACE Fort Lauderdale, FL 33312

Contact Person: Heath Abramowitz

Phone Number: 954 461-6419 E-mail address: DREAMRIDE.LLC@YAHOO.COM

- 1) *The number of motor vehicles the applicant desires to operate, including a brief description of each (make, model and year), and the corresponding vehicle identification number (VIN) and license plate number.*

Definitions (Section 27-1)

Rental car with chauffer 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 and a **description of the transportation service proposed** to this application and label as **EXHIBIT 1**.



Venice of America Transportation and Mobility Department

☐ Exhibit 1 is attached to this application.

- 2) **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: Mercedes Sprinters (4) 1-2019 2-2020-12021

Proposed rate and/or fare: 125-175

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.

☐ Exhibit 2 is attached to this application.

Rates, Fares and charges agreement

I, HEATH Abramowitz, the applicant agrees that all changes in rates, fares or charges, whether increased or decreased, shall be set by the city commission.

Heath Abramowitz

Signature of Applicant

Heath Abramowitz

Name of Applicant (print or type)

Sworn to & subscribed before me this 24 day of June, 2022

Dante Detouches



DANTE DETOUCHES
Commission # HH 217332
Expires January 18, 2026

Notary

The permanent location at which such vehicle(s) will be stored or parked when not in use.

Permanent Location: 1359 SW 21 ST Terrace

Fort Lauderdale, FL 33312.



Venice of America Transportation and Mobility Department

3) **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: Dream Ride / owner Heath Abramowitz

Address: 1359 SW 21st Terrace Fort Lauderdale, FL 33312

Phone: 954 461-6419

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.

4) **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.



Venice of America Transportation and Mobility Department

7) Each application for a certificate of public convenience and necessity shall be accompanied by tender of the license fee as 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: Dream Ride

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: _____

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 _____

Business Name _____

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 Transportation and Mobility Department

☒ I do not have any violations or complaints that meet the requirements of Section 27-192(b) (10) to report.

NA ☐ 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 required.

- 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

- 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 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: 6 / 24 / 2022

I hereby swear the above information is true.

Hewth Abramowitz

Name of Applicant (print or type)

Hewth Abramowitz
Signature of Applicant

Sworn to and subscribed before me this 24 day of June, 2022

Dante Detouches



DANTE DETOUCHES
Commission # HH 217332
Expires January 18, 2026

Notary

(Office Use Only) Application received on _____ by _____

Dreamride LLC – Exhibit 1

2019 Mercedes Sprinter Van – VIN: WDAPF4CD2KP165628 - Tag Number: NKYQ61
2020 Mercedes Sprinter Van – VIN: W1X8ED3Y0LT024220 - Tag Number: HCWZ33
2020 Mercedes Sprinter Van – VIN: W18XED3Y4LP230889 - Tag Number: QWVQ46
2021 Mercedes Sprinter Van – VIN: W1X8ED3Y9MT075720 - Tag Number: KSCK38

Exhibit 1 & 2

From: [DreamRide Llc](#)
To: [Morgan Dunn](#)
Subject: [-EXTERNAL-] Our rates based on Service
Date: Wednesday, July 6, 2022 5:23:08 PM

Hi Morgan,

Thank you again for your assistance.

We price our services based on information gathered by each individual call. We are Permitted with Miami, Broward and West Palm Beach, as well as DOT. All services require information regarding the service.

- Date
- Time
- Time needed (duration of service)
- Pickup location
- Service Type
- Vehicle desired (services are sometimes farmout to affiliate licensed companies if we are unable to provide service)
- Destination (Miami, PB, Broward)

These are some of the questions we need answered before we can supply a quote to our future clients. Every service is different but always priced fairly, read some of our reviews. We not only have always the newest vehicles, but we are usually the best rate in town as well.

We are also BBB A+ rated. #2 for the last 6 months, and #1 for the prior 5 years on TripAdvisor for transportation as well as top rated and reviewed.

www.dreamrideluxurytransportation.com

Please let me know if you have any questions,

Regards,
Heath Abramowitz
DreamRide
954-461-6419

**Eric J. Cohen, CPA P.A.
CERTIFIED PUBLIC ACCOUNTANT**

5255 N. Federal Hwy Suite 220 • Boca Raton, Florida • Tel (561) 948-0706
• Fax (954) 771-9488 • ecohen@ericjcohencpa.com

July 11, 2022

City of Fort Lauderdale & Mobility Department

Re: Dreamride LLC
1359 SW 21st Terrace
Fort Lauderdale, FL 33312

To whom it may concern:

This letter serves to certify that the information on the Income Statement and Balance Sheet are valid financial statements.

Sincerely,

Eric J. Cohen



DANTE DETOUCHES
Commission # HH 217332
Expires January 18, 2026

bls check for 123 ✓
Dante Detouches
07/13/2022

DREAMRIDE LLC

Profit and Loss
January - June, 2022

	TOTAL
Income	
PayPal Sales	100.00
Sales	1,114,169.57
Total Income	\$1,114,269.57
Cost of Goods Sold	
Contractors	272,193.86
Total Cost of Goods Sold	\$272,193.86
GROSS PROFIT	\$842,075.71
Expenses	
Advertising & Marketing	727.12
Facebook	3,051.40
Google	22,574.09
Media LLC	9,360.00
Nextdoor	1,092.00
Thumbtack	5,462.28
Yelp	425.00
Total Advertising & Marketing	42,691.89
Auto	0.00
Auto Insurance	428.92
Auto Lease	6,270.12
Fuel	6,919.69
Registration and Tax	2,167.44
Rental	241.76
Rep & Maint	30,010.73
Ticket & Violations	104.20
Total Auto	46,142.86
Bank Charges & Fees	473.95
Computer & Internet	534.97
Programs	1,170.27
Tracking Software	2,237.20
Total Computer & Internet	3,942.44
Dues & subscriptions	3,705.17
Equipment Rental	1,867.64
Insurance	39,127.83
Legal & Professional Services	
Accountant	10,150.00
Legal	5,423.12
Total Legal & Professional Services	15,573.12
Limo Service Job Supplies	4,380.11
Meals & Entertainment	1,660.06

DREAMRIDE LLC

Profit and Loss January - June, 2022

	TOTAL
Office Expense	1,663.65
Office Supplies	374.48
Parking & Tolls	640.00
PayPal Fees	4.88
Permits and Licenses	2,369.76
Pest Control	502.15
Repairs & Maintenance	5,238.66
Security Expense	2,209.40
Taxes & Licenses	462.10
Telephone	811.92
Ring Central	1,843.29
Sprint Wireless	2,382.75
Total Telephone	5,037.96
Travel	8,723.89
Uniforms	170.20
Utilities	5,208.47
Total Expenses	\$192,170.67
NET OPERATING INCOME	\$649,905.04
Other Income	
Other Income	130,566.77
Total Other Income	\$130,566.77
NET OTHER INCOME	\$130,566.77
NET INCOME	\$780,471.81

DREAMRIDE LLC

Balance Sheet
As of June 30, 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
PayPal Bank	22,904.88
TD BUSINESS CONVENIENCE PLUS [REDACTED]	711,447.77
Total Bank Accounts	\$734,352.65
Other Current Assets	
Investment - Yacht	6,000.00
Loan - Cheryl Gelin	1,000.00
Total Other Current Assets	\$7,000.00
Total Current Assets	\$741,352.65
Fixed Assets	
Accumulated Depreciation	-18,476.00
Buildings	
Accumulated Depreciation - WAREHOUSE	-466.00
Warehouse	435,224.15
Total Buildings	434,758.15
Leasehold Improvements	216,326.13
Vehicles	
2021 Chevy Suburban	83,278.87
Accumulated Depreciation Suburban	-83,278.87
Total 2021 Chevy Suburban	0.00
21 Escalade 159078	126,922.83
21 Escalade 468233	116,922.83
Mercedes Sprinters 2018-2019	95,995.00
Accumulated Depreciation Mercedes Sprinter	-299,985.07
Sprinter 24220	99,995.00
Sprinter 30889	103,995.00
Total Mercedes Sprinters 2018-2019	-0.07
Vehicles - Accumulated Depreciation	-243,846.00
Yacht	227,500.00
Yacht - Accumulated Depreciation	-227,500.00
Total Vehicles	-0.41
Total Fixed Assets	\$632,607.87
Other Assets	
Due from Dreamride Ft Lauderdale	12,699.50
Total Other Assets	\$12,699.50
TOTAL ASSETS	\$1,386,660.02

DREAMRIDE LLC

Balance Sheet As of June 30, 2022

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Capital One	991.19
Total Credit Cards	\$991.19
Other Current Liabilities	
SBA Loan - 2nd	261,900.00
Total Other Current Liabilities	\$261,900.00
Total Current Liabilities	\$262,891.19
Long-Term Liabilities	
2021 Escalade 159078	113,418.37
2021 Escalade 468233	92,946.60
Chevy Suburban	61,294.66
Loan Payable - Santander	0.00
21575-009 - Sprinter 24220	68,807.00
21575-010 - Sprinter 75720	95,680.92
Total Loan Payable - Santander	164,487.92
Total Long-Term Liabilities	\$432,147.55
Total Liabilities	\$695,038.74
Equity	
Retained Earnings	141,670.80
Shareholder Distribution	-230,521.33
Net Income	780,471.81
Total Equity	\$691,621.28
TOTAL LIABILITIES AND EQUITY	\$1,386,660.02



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/04/2022

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 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).

PRODUCER American Specialty Insurance Group, Inc 270 S Central Blvd #103 Jupiter FL 33458		CONTACT NAME: CSR CSR PHONE (A/C, No, Ext): (561) 683-1220 FAX (A/C, No): (561) 828-3818 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: XL Catlin Insurance Company UK Ltd INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC #
INSURED Dream Ride Fort Lauderdale LLC 1359 SW 21st Terrace Ft Lauderdale FL 33312				

COVERAGES**CERTIFICATE NUMBER:** 21-22**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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SONTP-Q	12/22/2021	12/22/2022	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Excluded MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ Excluded \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED 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 Y/N <input type="checkbox"/> N/A						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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 to be listed as additional insured with respects to the operations of the named insured only. 30 day cancellation.

CERTIFICATE HOLDER**CANCELLATION**

City of Ft Lauderdale 100 N Andrews Ave Fort Lauderdale FL 33301	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

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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
DREAMRIDE, LLC

Filing Information

Document Number	L05000085531
FEI/EIN Number	20-3379938
Date Filed	08/29/2005
Effective Date	08/29/2005
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	09/29/2010

Principal Address

1359 SW 21st Terrace
Fort Lauderdale, FL 33312

Changed: 01/03/2022

Mailing Address

1359 SW 21st Terrace
DreamRide
Fort Lauderdale, FL 33312

Changed: 01/03/2022

Registered Agent Name & Address

ABRAMOWITZ, HEATH A
1359 SW 21st Terrace
Fort Lauderdale, FL 33312

Address Changed: 01/03/2022

Authorized Person(s) Detail

Name & Address

Title CEO

Abramowitz, Heath A
1359 SW 21st Terrace
Fort Lauderdale, FL 33312

Title CEO

Abramowitz, Gail D
1359 SW 21st Terrace
Fort Lauderdale, FL 33312

Annual Reports

Report Year	Filed Date
2020	01/12/2020
2021	01/28/2021
2022	01/03/2022

Document Images

01/03/2022 -- ANNUAL REPORT	View image in PDF format
01/28/2021 -- ANNUAL REPORT	View image in PDF format
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01/25/2016 -- ANNUAL REPORT	View image in PDF format
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01/08/2014 -- ANNUAL REPORT	View image in PDF format
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04/21/2009 -- ANNUAL REPORT	View image in PDF format
12/04/2008 -- REINSTATEMENT	View image in PDF format
03/28/2007 -- ANNUAL REPORT	View image in PDF format
03/08/2006 -- ANNUAL REPORT	View image in PDF format
08/29/2005 -- Florida Limited Liability	View image in PDF format

From: [Charles Studders](#)
To: [Morgan Dunn](#); [William Schultz](#)
Subject: RE: Vehicle for Hire Approval - Dreamride LLC
Date: Tuesday, August 9, 2022 9:02:14 AM

Sorry, I thought I responded.

No issues on PD end.

Charles J. Studders III
Police Captain
Operations Bureau
Police Headquarters
Fort Lauderdale Police Department

From: Morgan Dunn
Sent: Tuesday, August 09, 2022 8:35 AM
To: Charles Studders; William Schultz
Subject: [EXTERNAL:CAUTION!]- RE: Vehicle for Hire Approval - Dreamride LLC

**[::CAUTION!:] This email originated from *outside* The City of Fort Lauderdale.
Do Not Reply, click links, or open attachments from an unknown or suspicious origin. Confirm the email address is from an expected source before taking action.
Report any suspicious emails to spamadmin@fortlauderdale.gov**

Good morning,

Just following up on this Vehicle for Hire review. Please advise if there are any concerns from Police or if the application is approved to move forward with Commission approval.

Thanks!

Morgan Dunn, Administrative Supervisor
City of Fort Lauderdale | Transportation & Mobility Department
290 NE 3rd Avenue | Fort Lauderdale FL 33301
Office: (954) 828 - 6078 | Cell: (954) 299 - 8034
Email: MDunn@fortlauderdale.gov

From: Victor London <VictorL@fortlauderdale.gov>
Sent: Wednesday, August 3, 2022 4:07 PM
To: Charles Studders <CharlesS@fortlauderdale.gov>; Morgan Dunn <MDunn@fortlauderdale.gov>
Subject: FW: Vehicle for Hire Approval - Dreamride LLC

[A/Major Studders: This falls under your purview, in Bill's stead, to approve or disapprove.](#)

Please reply directly to Morgan.

Morgan: Major William Schultz is my replacement, so you can route future reviews to him.

Sincerely,

Major Victor London

Executive Officer

Office of the Chief

Fort Lauderdale Police Department

Direct: 954-828-5374 | Fax: 954-828-6676 | VictorL@fortlauderdale.gov

From: Morgan Dunn <MDunn@fortlauderdale.gov>

Sent: Wednesday, August 3, 2022 2:25 PM

To: Victor London <VictorL@fortlauderdale.gov>

Cc: Francyne Webber <FWebber@fortlauderdale.gov>

Subject: [EXTERNAL:CAUTION!]- Vehicle for Hire Approval - Dreamride LLC

**[::CAUTION!:] This email originated from *outside* The City of Fort Lauderdale.
Do Not Reply, click links, or open attachments from an unknown or suspicious origin. Confirm the email address is from an expected source before taking action.
Report any suspicious emails to spamadmin@fortlauderdale.gov**

Good afternoon Major London,

I hope all is well! We have receive a new Vehicle for Hire application from Dreamride LLC to operate four Mercedes-Benz passenger vans as a for-hire transportation service. This service will not operate on any fixed routes.

Please let me know if you have any questions about the service, or if Police approves.

Thank you!

Morgan Dunn, Administrative Supervisor

City of Fort Lauderdale | Transportation & Mobility Department

290 NE 3rd Avenue | Fort Lauderdale FL 33301

Office: (954) 828 - 6078 | Cell: (954) 299 - 8034

Email: MDunn@fortlauderdale.gov