City of Fort Lauderdale 100 N Andrews Ave, 1st Floor Ft. Lauderdale, FL 33311 (954) 828-5195

✓ New Business	Business Tax Application								
☐ Transfer-Change of Address	Office Use Only								
☐ Transfer-Change of Ownership	Pusings ID#								
□ Name Change (Only)	Business ID#								
□ Other	Business#								
Date 12/17/14									
Business Name or DBA (fictitious name	ne): TELDRHEIN, LLC								
Corporation Name:									
Business Address: 4613 N.	JNIVERSITY DR. #584								
Mailing Address (if different):									
Business Phone: 305-842-7	7098email:								
Federal Tax ID#: 47-22856	38_								
Name/Title: RSBERT W	ilson/MEMBER								
Address: 1015 E. SUNRI	SEBLUD#602, FORT LAUDERDWEF) 33304								
Driver License #: W425-772-	-54-137-0 State: FL DOB: 4/17/54								
Phone: 561-305-8239	Email Address: TELDRHEINGGMAIL-COM								
State License #:	Agency:								
Type:	Expires:								
Federal License #:									
Туре:									
	(If this section is applicable include a copy of your State or Federal license)								

Business Operation

Type of Business / Products/ Services offered (circle all that apply)

Retail/Wholesale Hotel/Motel Apartments Social Service Office Only Professional Contractor
Restaurant Nightclub Entertainment Cocktail Lounge/Bar Home Based Business Service
Other (be specific):
NOTE: ALL BUSINESS OPERATIONS MUST BE CONDUCTED WITHIN A COMPLETELY ENCLOSED BUILDING UNLESS OTHERWISE PERMITTED BY ZONING. NO OUTDOOR MUSIC ENTERTAINMENT, DISPLAY, SALE, DINING, ETC. WITHOUT PRIOR APPROVAL.
Type of Product/ Services/ Businesses Offered (in detail): SHUTTLE TRANSPORTET, ON
Days/Hours of Operation: 6Am - 12Am Number of Employees:
Approximate Total Square Footage:
Dining:Office:Storage:
Entertainment area:Home Office Space:Other:
What type of business previously operated at this property?
Will you be sharing space with another business? Y (N)
If yes, Business Name:

1.	Will there be alcoholic beverages sold or permitted to be consumed on premises? Y				
	If yes, Alcohol Series:				
NO	OTE: All businesses involved in the sale of alcoholic beverages must follow requirements of City Ordinance, Chapter 5.				
2.	Does the business feature, promote, depict, allow, or display any type of nudity? Y				
	If yes, explain:				
NO	OTE: May be subject to the requirements of City Ordinances, Chapter 5 and ULDR 47-18 (Adult Uses) and any other applicable ordinances.				
3.	Will there be any type of entertainment offered? Y N If yes, explain:				
	(Includes but not limited to a band, disc jockey, dancing, or any form of entertainment)				
N(OTE: Outdoor entertainment is prohibited except in the Special Entertainment Overlay District. Indoor entertainment must meet requirements under CO Chapter 17 noise control. In addition, all establishments licensed under the state beverage law must meet requirements of City Ordinance 5-34				
4.	Do you have coin or token operated vending machines or ATM machines? Y (N)				
	If yes, how many of each type:				
5.	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				
6.	Is the business involved in the sale or advertising of motor vehicles? Y/N				
7.	Does the business own and/or operate any trucks or motor vehicles in conjunction with this business for delivery, merchandise selling, service, etc? Y				
	If yes, Location they will be stored:				
8.	Has there been or will there be any interior/exterior alterations made? YN				
	a. If yes, Permit #'(s):				
	b. Was a certificate of Occupancy issued for these renovations? Y/N (If yes, attach copy)				
9.	Will there be outdoor storage of any kind? Y (Note: all outdoor storage, if permitted as an accessory use, must meet requirements of CO 47-19.9)				

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 understand that if there are any subsequent changes in the operation of my business as stated in this application, that I agree to 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.

Business C)wner/Applicant	Signature
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Print Name

STATE OF Florida

The foregoing instrument was acknowledged before me this / g day of Dec 20/4, by Brian maltius, as Owner, of Telarhein (cc a Business. Who are personally known to me or have produced as identification.

(SEAL)

ROBERT ELLIS
Notary Public - State of Florida
My Comm. Expires Jan 13, 2017
Commission # EE 864862

Notary Public, State of Florid C (Signature of Notary taking Acknowledgment)

Name of Notary Typed, Printed or Stamped

My Commission Expires: Jan 13 2017

Commission Number: EE 864862

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:
Business Name: TELDRHEIN LLC

Receipt #: 326-266067 COURIER/TRANSPORT/DLVRY/TOWING

Business Type: (TRANSPORTATION)

Owner Name: BRIAN MALTIUS

Business Location: 4613 N UNIVERSITY DR #584

CORAL SPRINGS

Business Opened:12/08/2014

State/County/Cert/Reg:

Exemption Code:

Business Phone: 305-842-7098

Rooms

Employees 6

Machines

Professionals

		Fo	or Vending Business On	ly	·	
Number of Machines: Vending Type:):	
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
81.00	0.00	0.00	0.00	0-00	0.00	81.00

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:

BRIAN MALTIUS 4613 N UNIVERSITY DR #584 CORAL SPRINGS, FL 33067

Receipt #03A-14-00002368 Paid 12/08/2014 81.00

2014 - 2015