

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 _____

Business Name or DBA (fictitious name) C and Sea Bar Hopper

Corporation Name C and Sea Bar Hopper

Business Address 5541 N.E 26 Ave Fort Lauderdale FL 33308

Mailing Address (if different) _____

Business Phone 954-798-8772 Fax or email _____

Federal Tax ID# 47-4675263

Form of Business: ☒ Corporation ☐ Partnership ☐ Individual

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

Name/ Title Robert C. Cloutier Jr.

Address 5541 N.E 26 Ave Fort Lauderdale FL 33308

Driver License # C300-763-55-266-0 State FL DOB 07-26-1955

Phone 954-861-7848 Email Address cmayer83.cm@gmail.com

Name/ Title _____

Address _____

Driver License # _____ State _____ DOB _____

Phone _____ Email Address _____

Use back of sheet if necessary

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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) COURTESY

vehicle transportation.

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)

All Business Categories (answer below)

1. Hours of Operation 10AM TO 2AM

2. Approximate Total Square Footage _____

Dining _____ Office _____ Storage _____

Entertainment area _____ Home Office Space _____ Other _____

3. Will you be sharing space with another business? Y / ☒ N

If yes, Business Name _____

4. Number of Employees 2

5. Will there be alcoholic beverages sold or permitted to be consumed on premises? Y / ☒ N

If yes, Alcohol Series _____

NOTE: All businesses involved in the sale of alcoholic beverages must follow regulations of City Ordinance, Chapter 5.

6. Will this business feature, promote, depict, allow, or display any type of nudity? Y / ☒ N

If yes, explain _____

NOTE: May be subject to the regulations of City Ordinances, Chapter 5 and 47-18.2 (Adult Uses) and any other applicable ordinances.

7. Will this business sell, rent, or display any sexually oriented material (including but not limited to signage, videos, periodicals, or sexual novelties or paraphernalia)? Y / ☒ N

If yes, explain _____

NOTE: May be subject to the regulations of City Ordinance 47-18.2. (Adult Uses) and any other applicable ordinances

8. Will there be any type of entertainment offered (including but not limited to a live band, disc jockey, dancing, recorded music, performer, or any form of entertainment)? Y / ☒ N

If yes, explain _____

NOTE: Outdoor entertainment is prohibited except in the Special Entertainment Overlay District. Indoor entertainment is subject to the regulations of City Ordinance Chapter 17, Noise Control and Chapter 5, Section 5-34, Hours for music and entertainment.

9. Do you have coin or token operated vending machines or ATM machines? Y / ☒ N

If yes, detail quantities and types _____

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 # _____

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.

Retail / Wholesale / Video Rental (answer below)

1. Retail Sales Y ☒ N If yes, Value of Merchandise _____
2. Wholesale Sales Y ☒ N If yes, Value of Merchandise _____
3. Description of Merchandise (detailed) _____
4. Will merchandise consist of any sexually oriented material? (as defined in CO 47-18.2) Y ☒ N
If yes, describe _____

If you answered YES to question 4, then answer the following:

5. What percentage of the gross income will be from the sale or rental of sexually oriented material? _____ %
6. What percentage of inventory publicly displayed to customers will be sexually oriented material? _____ %
7. What percentage of the net floor area will be for the display of sexually oriented material? _____ %
8. What percentage of shelf areas or display areas will be for sexually oriented material? _____ %
9. What percentage of inventory or display will be sexual devices? _____ %
10. Will any display of sexually oriented material be accessible to minors? Y / N

PHYSICAL INSPECTIONS CAN BE MADE TO VERIFY THIS INFORMATION AND CONFORMANCE WITH CITY ORDINANCE

Apartment/ Motel/ Hotel/ Lodging/ Social Service Facility (answer below)

1. Do you offer living accommodations to: (circle one) General Public Special Group
How many units? (designate whether apartment, motel, hotel, lodging or housing units) _____
How many residents per unit? _____
How many residents per bedroom? _____
2. Do you offer any provisions for food, transportation, hygiene care, on or off-premise counseling, or similar personal or therapeutic care? ☒ Y / N
If yes, explain TRANSPORTATION ONLY
3. Will there be 24-hour on site staff? Y / ☒ N If yes, how many? _____

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? _____
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Home Based Business (answer below)

1. Is the business being carried out by the occupants of the residence? ☒ Y / N
(must provide proof of residency)
2. Total Square Footage of residence _____ Square Footage to be occupied by business _____

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 1/4 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.

2. Will there be any outdoor seating area? Y ☒ N

If yes, will the seating be on private or public property? _____

NOTE: Any outdoor seating must be approved on a site plan by Planning and Zoning.

3. Does the establishment have an approved dumpster enclosure including a raised concrete slab, a drain, and cleaning water facilities? Y ☒ N
4. Will the food be prepared on premises? Y ☒ N

Medical Office / Doctors Office / Clinic (answer below)

1. Is your office affiliated with a hospital or hospice facility in Broward County? Y / ☒ N

If yes, which one: _____

What is the affiliation? _____

2. Do you dispense medication from your location? Y / ☒ N

If yes, Name of dispensing Doctor _____

State License # _____

Type _____

DEA# _____

3. Is the primary purpose of the business to prescribe or dispense pain medication identified in Schedules II, III and IV of the Florida Statutes 893.03, 893.035, or 893.0355? Y ☒ N
4. Do you advertise or portray yourself to the public as providing pain management services or pain Medication? Y / N
5. Are you registered with the State of Florida as a Pain Clinic? Y ☒ N

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

Chris Mayer

Chris Mayer

Print Name

STATE OF FLORIDA:
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this 24th day of February 2016

by Chris Mayer as Owner of Land Sea Bopper Inc.

Who are ☐ personally known to me or ☒ have produced

FDL

as identification.

(SEAL)

Wilbert Battle
Notary Public
State of Florida
My Commission Expires 11/24/2018
Commission No. FF 179028

Notary Public, State of Florida
(Signature of Notary taking Acknowledgment)

Wilbert Battle

Name of Notary Typed, Printed or Stamped

My Commission Expires 11/24/2018

Commission Number 179028