

(Ofc use) Application received on 2/23/2016 by Kunde Associate

CITY OF FORT LAUDERDALE
VEHICLES FOR HIRE APPLICATION

Date: 2/20/16

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

3

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: C & Sea Bar Hopper Inc.

Address: 5541 NE 26th Ave.

Contact Person: Robert Charles

Phone Number: 954-861-7848 E-mail address: _____

- 1) **The number and type of motor vehicles the applicant desires to operate, including a brief description of each.**

3 gas powered golf carts.
Each seats (6) six people.

Definitions (Section 27-1)

Rental car with chauffeur 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**.

☐ **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: Gas powered golf cart (E-2 Go)

Proposed rate and/or fare: Ø

Vehicle Type: Courtesy vehicle

Proposed rate and/or fare: Ø

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

Chris Meyer

Signature of Applicant

Chris Meyer

Name of Applicant (print or type)

Sworn to & subscribed before me this 23 day of February, 2016

KR

Notary



Kevin Rodriguez
State of Florida

MY COMMISSION # FF 224419
Expires: April 26, 2019

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

Permanent Location: 5541 NE 26th Ave.
Ft. Lauderdale, FL 33308

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: _____

Address: _____

Phone: _____

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.

NEW BUSINESS

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.

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 \$135.45

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: _____

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**.

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

☐ 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: 2 / 23 / 2016

I hereby swear the above information is true.

Chris Moyer

Name of Applicant (print or type)

Chris Moyer

Signature of Applicant

Sworn to and subscribed before me this 23 day of February, 2016

KR
Notary



Kevin Rodriguez
State of Florida

MY COMMISSION # FF 224419

Expires: April 26, 2019

CORPORATE OFFICERS AND/OR DIRECTORS

Date: 2/20/16

Business Name: C & Sea Barbeque, Inc.

Address: 5541 NE 26th Ave, Ft. Lauderdale, FL 33308

Contact Person: Robert Charles Choate

Phone Number: _____

Name and Title: Chris Mayer, President

Address: _____

Name and Title: Robert Charles Choate, President

Address: 5541 NE 26th Ave
Ft. Lauderdale, FL 33308

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

**FLORIDA COMMERCIAL AUTO INSURANCE
IDENTIFICATION CARD**

COMPANY: Global Liberty Insurance Company of New York
POLICY #: FHP0732868-0 - 04619 EFFECTIVE DATE: 02/10/2016
☐ PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY LIABILITY
NAMED INSURED: C & SEA BARHOPPER INC., LLC
ADDRESS: 2637 NORTHEAST 14 CT
(OPTIONAL) POMPANO BEACH, FL 33062
YEAR: 2013 MAKE/ MODEL: EZGO /
VEHICLE ID #: FLA67315

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA COMMERCIAL AUTO INSURANCE
IDENTIFICATION CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:
☐ PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY LIABILITY
NAMED INSURED:
ADDRESS:
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NAMED INSURED:
ADDRESS:
(OPTIONAL)
YEAR: MAKE/ MODEL:
VEHICLE ID #:

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your
Agent/Company as soon as possible. Obtain the following
information:

1. Name and address of each driver, passenger
and witness.
2. Name of Insurance Company and policy number
for each vehicle involved.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER	INSURER AFFORDING COVERAGE
VENTURE SPECIALTY INSURANCE, LLC 8720 STONY POINT PARKWAY, SUITE 130 RICHMOND, VA 23235	GLOBAL LIBERTY INSURANCE CO. OF NEW YORK 68 S. Service Road, Melville, NY 11747 Tel: 516-576-8181 Fax: 516-576-9595

INSURED
C & SEA BARHOPPER INC., LLC 2637 NORTHEAST 14 CT POMPANO BEACH, FL 33062

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	FHP0732868-0	02/10/2016 (12:01 AM)	02/10/2017 (12:01 AM)

COVERAGES	LIMITS OF LIABILITY
BODILY INJURY	\$350,000
PROPERTY DAMAGE	
UNINSURED MOTORIST	\$50,000
PERSONAL INJURY PROTECTION	
ADDITIONAL PIP	
SUPPLEMENTARY UNINSURED MOTORIST	
UNDERINSURED MOTORIST	
COLLISION COVERAGE	
COMPREHENSIVE COVERAGE	
AGGREGATE NO-FAULT	

DESCRIPTION OF REGISTERED OWNED VEHICLE(S)
2013 EZGO VIN FLA67315 VALUED AT \$0.00 Effective Date 02/10/2016

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED, OR NON RENEWED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER OR REPRESENTATIVES.

CERTIFICATE HOLDER	LIEN HOLDER / LOSS PAYEE

ADDITIONAL INSURED

DISCLAIMER
THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), OR PRODUCER, AND THE CERTIFICATE HOLDER, NOR DOES IT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED THEREON.



Global Liberty Insurance Company of New York

Commercial Auto Insurance Premium Statement

Thank you for selecting Global Liberty Insurance Co. of N.Y. for your Commercial Auto policy.

Insured

C & SEA BARHOPPER INC., LLC
2637 NORTHEAST 14 CT
POMPANO BEACH, FL 33062

Broker

VENTURE SPECIALTY INSURANCE, LLC
8720 STONY POINT PARKWAY, SUITE 130
RICHMOND, VA 23235

Your Payment Option was Direct Billing - 9 Pay, 20% Deposit, \$

Your Annual Premium for this policy is: \$6,022.00

INVOICE #	Policy Number	Eff. Date	Exp. Date	INVOICE DATE	Due Date
000021332	FHP0732868-0	02/10/2016	02/10/2017	02/11/2016	Upon Receipt

Vehicle #	DESCRIPTION	Liability	Physical Damage	Total Premium	Deposit Due
1	2013 EZGO A67315	\$6,022.00	\$0.00	\$6,022.00	\$1,204.40

Please issue Payment to:

VENTURE SPECIALTY INSURANCE, LLC
8720 STONY POINT PARKWAY, SUITE 130
RICHMOND, VA 23235

Total Annual Premium	\$6,022.00	
TOTAL	\$6,022.00	\$1,204.40

Giving you convenient online access 24 hours a day - 7 days a week. Paying online can help make life easier for you and is also better for the environment with paperless options. Enroll to pay by E-Check Direct withdrawal from your bank account or pay by Credit Card. To enroll please go to: <http://www.globallibertyny.com>. **PAY ONLINE** Option.

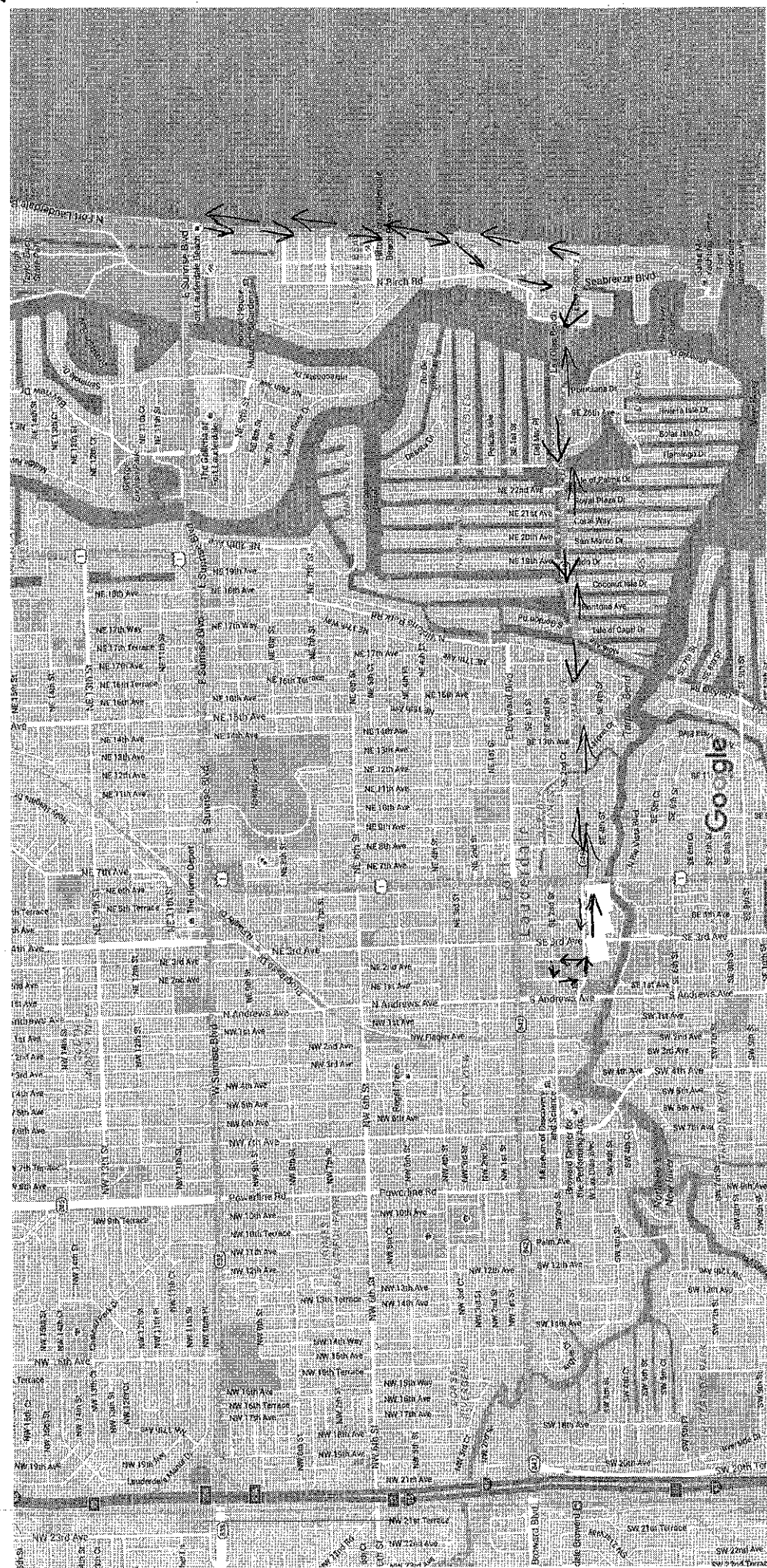
We Accept Visa, MasterCard, & Discover.



Should you have any questions please feel free to contact us at the number below.

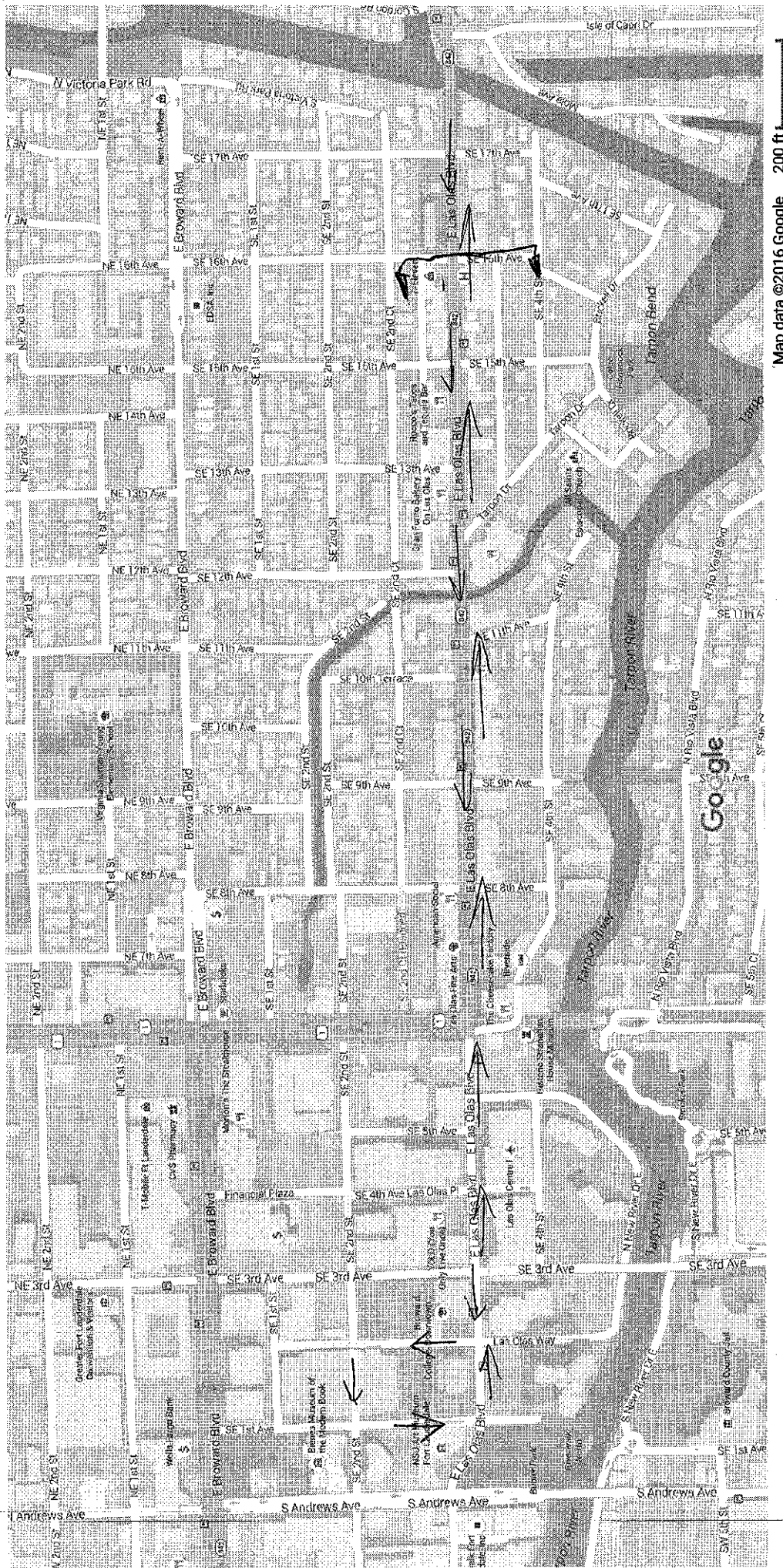
Thank You

Accounts Receivable
Global Liberty Insurance Co. Of N.Y.
P.O. Box 950
Plainview, New York 11803
(516) 576-8181



Map data ©2016 Google 1000 ft

Exhibit 1



Map data ©2016 Google

Google Maps

CAM #16-0718
Exhibit 2
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C & Sea Corp



Map data ©2016 Google 100 ft

Exhibit 3