

**BUSINESS TAX APPLICATION**Rev: 4 | Revision Date: 10/05/2017 | Print Date: 10/05/2017
I.D. Number: BTX**Business Tax Application**

- ☒ New Business
☐ Transfer-Change of Address
☐ Transfer-Change of Ownership
☐ Name Change (Only)
☐ Other

Office Use Only

Business ID# _____

Business# _____

Date 6/1/2018Business Name or DBA (fictitious name): Century Ambulance Service, Inc.Corporation Name: Century Ambulance Service, Inc.Business Address: 5440 NW 33rd Ave., Suite 113, Ft. Lauderdale, FL 33309Mailing Address (if different): 2110 Herschel St. Jacksonville, FL 32204Business Phone: 904-356-0835 email: matt.johnson@centuryamb.comFederal Tax ID#: 59-2060042Name/ Title: Matthew JohnsonAddress: 2110 Herschel St. Jacksonville, FL 32204Driver License #: J525-544-71-218-0 State: FL DOB: 06/18/71Phone: 904-798-0439 Email Address: matt.johnson@centuryamb.comFederal/State/County License #: 1614 Agency: State of Florida Dept. of Health, Bureau of Medical OversightType: ALS License Expires: 9/14/19

(If this section is applicable include a copy of your County, State or Federal license)

City of Fort Lauderdale
Business Tax Office
100 N Andrews Ave
1st Floor
Fort Lauderdale, FL 33301



BUSINESS TAX APPLICATION

Rev: 3 | Revision Date: 8/11/2017 | Print Date: 8/11/2017
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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 Church
Other (be specific): ambulance transportation

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):

transport medical patients

Days/Hours of Operation: 24/7, 365 Number of Employees: 40

Approximate Total Square Footage: Dining: _____ Office: 2,800 Storage: _____

Entertainment area: _____ Home Office Space: _____ Church: _____ Other: _____

What type of business previously operated at this property? unknown

Will you be sharing space with another business? Y / ☒ N (If yes, please provide sharing space letter)

If yes, Business Name: _____

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

If yes, Alcohol Series: _____

If yes, an After Hours Permit will be required for alcohol sales or service after midnight.

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

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2. Does the business feature, promote, depict, allow, or display any type of nudity? Y ☒ N

If yes, explain: _____

NOTE: 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)

NOTE: 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. Has there been or will there be any interior/exterior alterations made? Y ☒ N

If yes, Permit #(s): _____

FBC 111.1.1 Use and Occupancy. No building or structure shall be used or occupied, and no change in the existing occupancy classification of a building or structure or nature or use or portion thereof shall be made until the Building Official has issued a Certificate of Occupancy there for as provided herein. Said certificate shall not be issued until all required electrical, gas, mechanical, plumbing and fire protection systems, and provisions of FFPC have been inspected for compliance with the technical codes and other applicable laws and ordinances and released by the Building Official. Issuance of a certificate of occupancy shall not be construed as an approval of a violation of the provisions of this Code or of other ordinances of the jurisdiction.

5. Will there be outdoor storage of any kind? Y ☒ N

NOTE: all outdoor storage, if permitted as an accessory use, must meet requirements of CO 47-19.9

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

If yes, how many of each type: _____

7. 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

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8. Is this a Church? Y/☒N If yes, indicate the number of seats _____.
9. Is the business involved in the sale or advertising of motor vehicles? Y/☒N
10. Does the business own and/or operate any trucks or motor vehicles in conjunction with this business for delivery, merchandise selling, service, etc? Y / N

If yes, Location they will be stored: parking lot

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 Owner/Applicant Signature

MATT JOHNSON

Print Name

STATE OF FLORIDA
COUNTY OF FLThe foregoing instrument was acknowledged before me this 1 day of June 2018, by Matthew JohnsonPersonally known: ☒ OR Produced Identification: ☐ Type of Identification Produced: _____
Signature of Notary PublicCynthia D. Brown
Print/Type/Stamp Name of NotaryCity of Fort Lauderdale
Business Tax Office
100 N Andrews Ave
1st Floor
Fort Lauderdale, FL 33301

**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

WHEREAS, **CENTURY AMBULANCE SERVICE**, has requested authorization to provide **CLASS 3 BLS TRANSPORT** services to the residents of Broward County; and

WHEREAS, there has been demonstrated a need to provide these essential services to the residents of this county; and

WHEREAS, **CENTURY AMBULANCE SERVICE**, affirms that it will maintain compliance with the requirements of the Emergency Medical Services Act (Chapter 401, F.S.), administrative rules and regulations (Chapter 64J-1, F.A.C.), the Broward County Code of Ordinances, Chapter 3½, and the Broward County Administrative Code; NOW, THEREFORE,

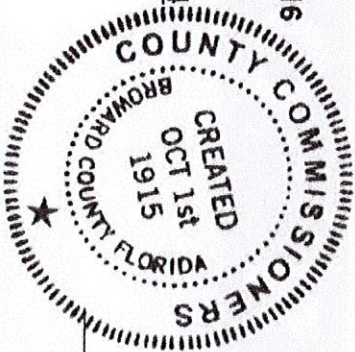
The Broward County Board of County Commissioners hereby issues a Certificate of Public Convenience and Necessity ("Certificate") to the **CENTURY AMBULANCE SERVICE**, to render services with the limitations prescribed hereon.

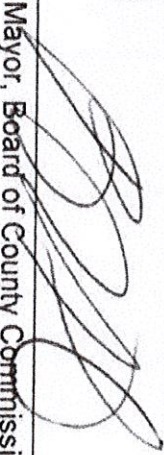
In issuing this Certificate, the Board of County Commissioners for Broward County, Florida, has considered recommendations of affected agencies.

Date Issued: **November 29, 2016**

Limitations: BLS Emergency Call Zone 4

Date of Expiration: **December 31, 2021**
(Unless suspension or revocation is prior thereto)





Mayor, Board of County Commissioners

**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

WHEREAS, **CENTURY AMBULANCE SERVICE**, has requested authorization to provide **CLASS 2 ALS TRANSFER** services to the residents of Broward County; and

WHEREAS, there has been demonstrated a need to provide these essential services to the residents of this county; and

WHEREAS, **CENTURY AMBULANCE SERVICE**, affirms that it will maintain compliance with the requirements of the Emergency Medical Services Act (Chapter 401, F.S.), administrative rules and regulations (Chapter 64J-1, F.A.C.), the Broward County Code of Ordinances, Chapter 3½, and the Broward County Administrative Code; NOW, THEREFORE,

The Broward County Board of County Commissioners hereby issues a Certificate of Public Convenience and Necessity ("Certificate") to the **CENTURY AMBULANCE SERVICE**, to render services with the limitations prescribed hereon.

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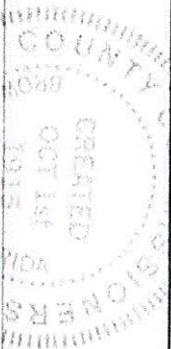
Date Issued: **November 29, 2016**

Date of Expiration: **December 31, 2021**
(Unless suspension or revocation is prior thereto)

Limitations: ALS or BLS interfacility medical transfers and/or routine transfers.



Mayor, Board of County Commissioners





STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: CENTURY AMBULANCE SERVICE, INC. Provider Number # 1614
Name of Provider

2110 HERSCHEL STREET, JACKSONVILLE, FLORIDA 32204
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

☐ INTER-FACILITY

☒ TRANSPORT

☐ NON-TRANSPORT

BAKER; BAY; BRADFORD; CLAY; COLUMBIA; DUVAL; FLAGLER; MADISON; NASSAU; PUTNAM; ST. JOHNS; SUWANNEE; UNION
County (s)

Steve A. McCoy

Steve A. McCoy
Emergency Medical Services Administrator
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 09/14/2019

This certificate shall be posted in the above mentioned establishment