

CONTRACT SUMMARY

CITY OF FORT LAUDERDALE
PROCUREMENT SERVICES DEPARTMENT

Period Covered: 10/19/10 –10/18/11	Contract No.: 505-10379	Master Blanket: N/A
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Awarded Vendor:

Tropical Slings, Inc.
4205 Bougainvillea Drive
Fort Lauderdale, FL 33308

Attn: Jon Meyer
954-776-0314
Email: tropicalslings@comcast.net

Insurance Coverage Required: Yes No
Authorized for Purchases: Revenue
City Commission Approval: 10/19/10 Pur-16 CAR 10-1509
Extension Options: Yes No Years: 3, 1 year extensions

CART CONCESSION, NON-ALCOHOLIC BEVERAGES & FOOD

Revenue: Cart fees \$100 / month = \$1,200 annually

Department Contract Co-Ordinator: Valerie Florestal, Parks & Recreation, (954) 828-6791

Procurement Specialist: AnnDebra Diaz, CPPB

THIS AGREEMENT, made and entered into this 26 day of October 2010, is by and between the City of Fort Lauderdale, a Florida municipality, ("City"), whose address is 100 North Andrews Avenue, Fort Lauderdale, FL 33301-1016, and Tropical Slings, Inc., a Florida corporation ("Contractor"), whose address and phone are 4205 Bougainvillea Drive, Fort Lauderdale, FL 33308, Phone 954-776-0314.

WHEREAS, the City issued Request for Proposal Number 505-10379 ("RFP"), and the Contractor submitted a proposal in response to the RFP; and

WHEREAS, on October 19, 2010, the City Commission of the City of Fort Lauderdale approved an agreement with Contractor for the goods or services described in the RFP (Pur-16, CAR No. 10-1509);

NOW, THEREFORE, for and in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration, the City and the Contractor covenant and agree as follows:

1. The Contractor agrees to provide to the City Non-Alcoholic Beverages and Food Cart Concessions in accordance with and in strict compliance with the specifications, terms, conditions, and requirements set forth in the RFP and any and all addenda thereto beginning October 19, 2010 and ending October 18, 2011.

2. This contract form G-110 Rev. 01/10, the RFP, any and all addenda to the RFP, and the Contractor's proposal in response to the RFP are integral parts of this Contract, and are incorporated herein.

3. In the event of conflict between or among the contract documents, the order of priority shall be as follows:

- First, this contract form, G-110 Rev. 01/10;
- Second, any and all addenda to the City's RFP in reverse chronological order;
- Third, the RFP;
- Fourth, the Contractor's response to any addendum requiring a response;
- Fifth, the Contractor's response to the RFP.

4. The Company warrants that the goods and services supplied to the City pursuant to this Contract shall at all times fully conform to the specifications set forth in the RFP and be of the highest quality. In the event the City, in the City's sole discretion, determines that any product or service supplied pursuant to this Contract is defective or does not conform to the specifications set forth in the RFP the City reserves the right unilaterally to cancel an order or cancel this Contract upon written notice to the Contractor, and reduce commensurately any amount of money due the Contractor.

5. The City may cancel this Contract upon written notice to the Contractor in the event the Contractor fails to furnish the goods or perform the services as described in the RFP within 30 days following written notice to the Contractor.

IN WITNESS WHEREOF, the City and the Contractor execute this Contract as follows:

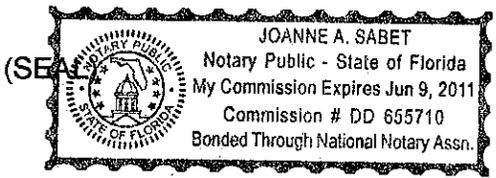
CITY OF FORT LAUDERDALE
By: [Signature]
Director of Procurement Services

ATTEST
By: [Signature]
Print Name: MARCO ADAMONE

CONTRACTOR
By: [Signature]
Print Name: Jon Meyer
Title: DIRECTOR
(If not president of corporation please attach proof of authorization)

STATE OF Florida
COUNTY OF Broward

The foregoing instrument was acknowledged before me this 26 day of October, 2010, by Jon Meyer as (title): Director of Tropical Slings, Inc. a Florida corporation



[Signature]
Notary Public, State of Florida
(Signature of Notary Public)
Joanne A. Sabet
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification _____
Type of Identification Produced _____

CONTRACT
COPY

Copy

PART VII - REQUIREMENTS OF THE PROPOSAL

All proposals must be submitted as specified on the proposal pages which follow. Any attachments must be clearly identified. To be considered, the proposal must respond to all parts of the RFP. Any other information thought to be relevant, but not applicable to the enumerated categories, should be provided as an appendix to the proposal. If publications are supplied by a proposer to respond to a requirement, the response should include reference to the document number and page number. This will provide a quick reference for the evaluators. Proposals not providing this reference will be considered to have no reference material included in the additional documents.

NOTE: UNNECESSARILY ELABORATE RESPONSES BEYOND THAT SUFFICIENT TO PRESENT A COMPLETE AND EFFECTIVE RESPONSE TO THE SOLICITATIONS ARE NOT DESIRED AND MAY BE CONSTRUED AS AN INDICATION OF THE OFFEROR'S LACK OF COST CONSCIOUSNESS. UNLESS SPECIFICALLY REQUESTED IN THE SOLICITATION, ELABORATE ART WORK, CORPORATE BROCHURES, LENGTHY NARRATIVES, EXPENSIVE PAPER, SPECIALIZED BINDING, AND OTHER EXTRANEIOUS PRESENTATION MATERIALS ARE NEITHER NECESSARY NOR DESIRED.

The proposal shall be signed by a representative who is authorized to contractually bind the Contractor.

PROPOSERS MUST SUBMIT AN IDENTIFIED ORIGINAL COPY PLUS SIX (6) COPIES OF THE PROPOSAL PAGES INCLUDING ANY ATTACHMENTS

THE ABOVE REQUIREMENT TOTALS SEVEN (7) COPIES OF YOUR PROPOSAL

ALL PROPOSALS SHALL BE RECEIVED PRIOR TO 2:00 PM EST, ON THE DATE SPECIFIED IN THE SCHEDULE SECTION OF THIS RFP AT THE FOLLOWING LOCATION:

City of Fort Lauderdale
Department of Procurement Services
100 N. Andrews Avenue, Suite 619
Fort Lauderdale, Florida 33301

ONLY PAPER SUBMITTALS WILL BE ACCEPTED. ELECTRONIC OR FAX SUBMITTALS WILL NOT BE ACCEPTED. ALL PROPOSALS MUST BE SUBMITTED IN A SEALED PACKAGE WITH THE RFP NUMBER, RFP TITLE AND DUE DATE CLEARLY MARKED ON THE OUTSIDE. IF MORE THAN ONE PACKAGE IS SUBMITTED THEY SHOULD BE MARKED 1 OF 2, ETC.

PROPOSAL PAGES ARE AS FOLLOWS:

- Part I Proposal Pages - Cost Information
- Part II Proposal Pages - Technical Information
- Part III Non Collusion Statement
- Part IV Proposal Signature Page
- Attachments to your Proposal

**RFP 505-10379
CART CONCESSION, NON-ALCOHOLIC BEVERAGES & FOOD,
HUIZENGA PLAZA
PROPOSAL RESPONSE PAGES - PART I
COST INFORMATION**

CART FEES: $\frac{\$100.00}{\text{(PER MONTH)}} \times 12 \text{ MONTHS} = \frac{\$1200.00}{\text{(ANNUAL)}}$

MINIMUM CART FEE THE CITY WILL ACCEPT IS \$100.00 PER MONTH (REFER TO PART V, SECTION10)

PROPOSAL RESPONSE PAGES - PART II TECHNICAL PROPOSAL

The following issues should be fully responded to in your proposal in concise narrative form. Each issue should be referenced and be presented in the following order:

Tab 1: Statement of Qualifications

This section should contain a statement of understanding of the critical issues and opportunities associated with the project and how the Proposer is uniquely qualified to assist the City in this effort.

Tab 2: Preliminary Scope of Services

Provide an outline detailing your approach and concept to the project, and provide a proposed Scope of Services to demonstrate an understanding of the project.

Tab 3: Cart Appearance

Provide a color photograph that includes carts specifications.

Tab 4: Uniform

Provide a color photograph of company uniform.

Tab 5: Products and Services offered:

Provide a list all proposed items and unit prices.

Tab 6: Experience

State number of years experience the proposer has had in providing similar services. If services provided differs from the one presented in your proposal, please delineate such differences.

Tab 7: Employees

Provide proof your business has sufficient employees to provide coverage at the onset of the contract should you personally not be able to provide the required service. List those persons who will have a management position working with the City, if you are awarded the contract. List name, title or position, and project duties. A resume or summary of experience and qualifications must accompany your proposal.

Tab 8: Clients

List clients for whom you have provided similar services in the last three years. Provide agency name, address, telephone number, contact person, email address and date service was provided. If services provided differs from the one presented in your proposal, please delineate such differences.

Tab 9: Fort Lauderdale Prior Experience

List those City of Fort Lauderdale agencies with which the proposer has had contracts or agreements during the past three (3) years.

Tab 10:Permits/Licenses

Provide proof of all County, State and City Permits and Licenses.

Tab 11:Cost

Cost of Services (Proposal Response Page, Part I)

Tab 12: Non-Collusion Statement

Tab 13: Proposal Signature Page

The proposer understands that the information contained in these Proposal Pages is to be relied upon by the City in awarding the proposed Agreement, and such information is warranted by the proposer to be true. The proposer agrees to furnish such additional information, prior to acceptance of any proposal, relating to the qualifications of the proposer, as may be required by the City.

COMPLETE AND RETURN THE REQUIRED NUMBER OF PROPOSAL PAGES AND ATTACHMENTS.

PROPOSAL IDENTIFICATION: If mailed, please indicate on the face of your sealed proposal package the following:

RFP NO. 505-10379

OPENS 12/22/09

PROPOSAL RESPONSE PAGES - PART III
NON-COLLUSION STATEMENT

By signing this offer, the vendor/Contractor certifies that this offer is made independently and free from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

NAME

RELATIONSHIPS

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

N/A 

PROPOSAL RESPONSE PAGES - PART IV - BID/PROPOSAL SIGNATURE PAGE

How to submit bids/proposals: It is preferred that bids/proposals be submitted electronically at www.bidsync.com, unless otherwise stated in the bid packet. If mailing a hard copy, it will be the sole responsibility of the Bidder to ensure that the bid reaches the City of Fort Lauderdale, City Hall, Procurement Department, Suite 619, 100 N. Andrews Avenue, Fort Lauderdale, FL 33301, prior to the bid opening date and time listed. Bids/proposals submitted by fax or email will NOT be accepted. Please refer to Part VII for specific instructions for this RFP.

The below signed hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the CITY and such acceptance covers all terms, conditions, and specifications of this bid/proposal.

Please Note: If responding to this solicitation through BidSync, the electronic version of the bid response will prevail, unless a paper version is clearly marked by the bidder in some manner to indicate that it will supplant the electronic version.

Submitted by: [Signature] (signature) 12-21-09 (date)

Name (printed) Jon Meyer Title: DIRECTOR

Company: (Legal Registration) Tropical Shwags Inc

CONTRACTOR, IF FOREIGN CORPORATION, MAY BE REQUIRED TO OBTAIN A CERTIFICATE OF AUTHORITY FROM THE DEPARTMENT OF STATE, IN ACCORDANCE WITH FLORIDA STATUTE §607.1501 (visit http://www.dos.state.fl.us/doc/).

Address: 4205 Bona Vista Dr -

City Fort Lauderdale State: FL Zip 33308

Telephone No. 954-776-0314 FAX No.

E-MAIL: TropicalShwags@Comcast.net

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions):

Payment Terms (section 1.03): Total Bid Discount (section 1.04):

Does your firm qualify for MBE or WBE status (section 1.08): MBE ___ WBE ___

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

Addendum No. Date Issued

VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of bid, attachments or bid pages. No variations or exceptions by the Proposer will be deemed to be part of the bid submitted unless such variation or exception is listed and contained within the bid documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your bid/proposal complies with the full scope of this solicitation. HAVE YOU STATED ANY VARIANCES OR EXCEPTIONS BELOW? BIDDER MUST CLICK THE EXCEPTION LINK IF ANY VARIATION OR EXCEPTION IS TAKEN TO THE SPECIFICATIONS, TERMS AND CONDITIONS.

Variations: See Attached

RFP No. 505=10379

Variances:

Mercury Insurance Co. of Florida

Declarations page enclosed

Exp, 06-12-2010

Bodily Injury Liability \$100,000. Each person and \$300,000.

Each accident

Property Damage Liability \$50,000. Each accident

Old Dominion Insurance Co.

Special Commercial Package Policy

Exp. 03-10-2010

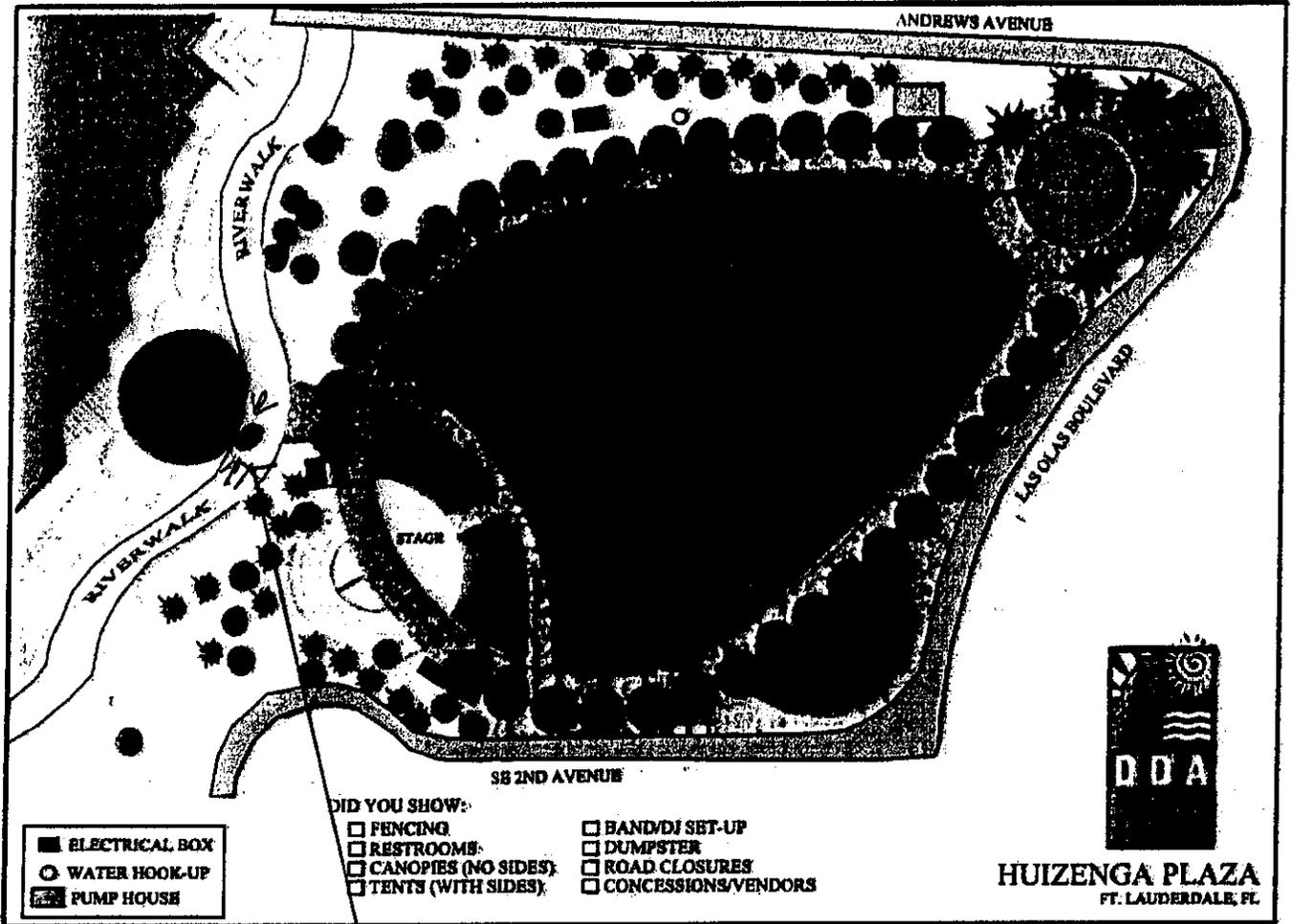
General Aggregate Limit \$2,000.000

Liability & Medical Expenses \$1,000.000

Technical Specifications

Item #12

**Request to leave the Tropical Slings cart in place on Riverwalk.
(Not to be moved each day). The Tropical Slings cart has been
At the present location since March 12, 1997.**



NOTE: *Event Location*
NOT Huizenga Plaza

Possible New Event In 2011

New River Street Dance 15,000 Entire Riverwalk (both sides)

Other Activities – Year Round

Fort Lauderdale Historical Society – activities/tours/rentals for weddings, etc. ranging from 20 to 300 people at a time in Historic district

Riverwalk Trust – Programs, classes, and activities with attendance from 5 to 30 in locations all along the Riverwalk, depending on the activity.

Museum of Discovery/Performing Arts Center – school and day care field trips to both facilities often include picnic lunches and playtime at Esplanade.

Weddings/Gazebo rentals – Rotary, Connie Hoffman, and Esplanade gazebos – approximately 111 weddings throughout the year between the three locations.



Our intention in developing the Tropical Slings concept was to be unique and different in a world where most of the business tend to look more alike than different. The goal was to initiate a recognizable image and set ourself apart.

The format is Tropical drinks dispensed in a (one-size) fourteen ounce clear plastic cup. To create a winning combination we add to fresh juices - fresh cut fruits - (Strawberries, Bananas and Pineapples) - sherbets and ice creams to produce a unique high quality beverage.

Careful consideration was given to design of the cart, particularly with regards to eye appeal. The unit is completely self-contained and provides complete refrigeration for all products. In addition the cart meets all local and state health and electrical codes. All counter, interior and operator side surfaces are made of stainless. The configuration is 117" in length and 37" in width.



**Fresh Fruit
Tropical Drinks
\$3.25 Each**

THE RIVERWALK

*Coconut Creme,
w/Pineapple, Bananas
and Papaya*

COCONUT CLIMBER

*Coconut Creme w/Orange
Pineapple Juice and
Shredded Coconut*

SUMMER ART

*Pineapple, Strawberries,
Grapefruit Juice,
and Orange Sherbert*

STRAWBERRY TWIST

*Orange Juice, Strawberries
and Bananas*

POPSICLE

*Orange Juice, Bananas
and Ice Cream*

FRESH FRUIT SLING

*Pineapple, Strawberries
and Bananas*

Huizenga Plaza / Riverwalk



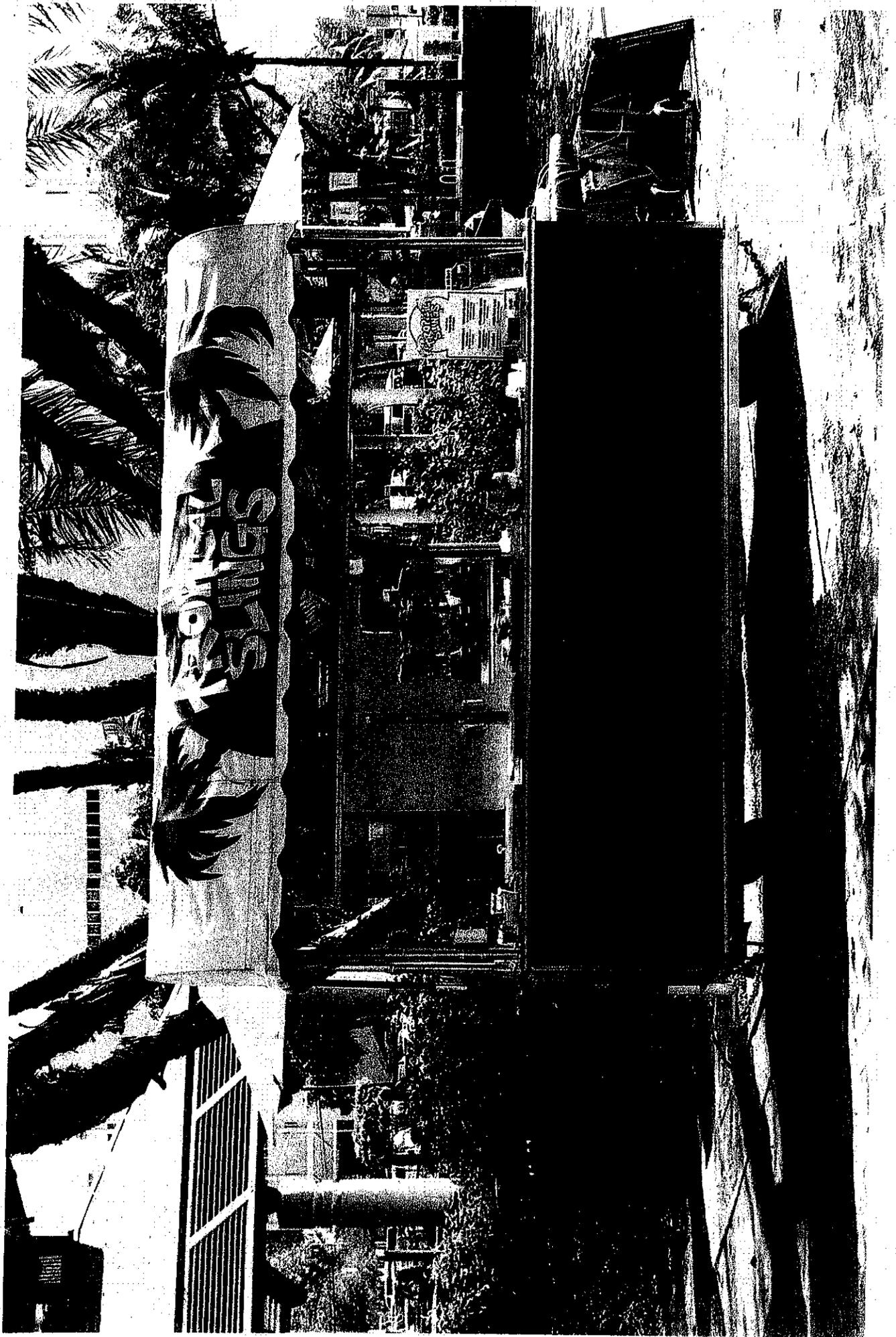
**Fresh Fruit
Tropical Drinks**

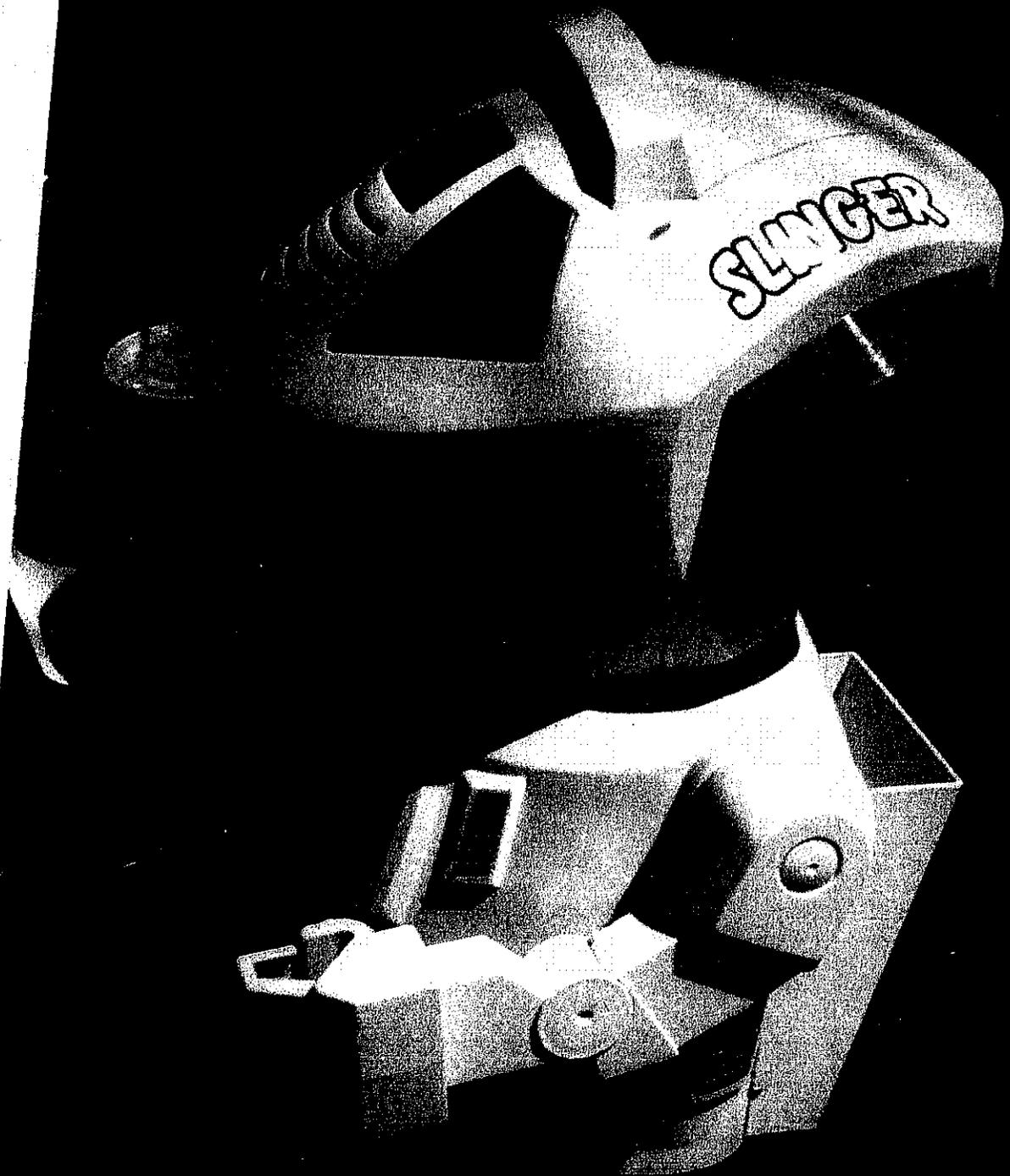
Earths' Best Gift

From its cheerful, biodegradable, bright yellow wrap to its sumptuous pulp. The lavishness is nature's come-on, enticing you to eat, knowing that one banana has only about 90 calories and is 99 ½ percent fat-free. Bananas are also one of the richest sources of potassium. Nestled within the pale, flesh are plenty of vitamins A, B6 and C.

They are a quick source of energy, which can pick up your spirits when you're feeling sluggish.

Huizenga Plaza / Riverwalk





Jeb Bush
 Governor
 Mary B. Hooks
 Secretary



STATE OF FLORIDA
 DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
 DIVISION OF WORKERS' COMPENSATION
 Compliance Unit
 2562 Executive Circle East
 Suite 201, Montgomery Building
 Tallahassee, Florida 32399-0661

NAME
 BUSINESS TROPICAL SLINGS INC

ADDRESS 4205 BOUGAINVILLE DRIVE

CITY FORT LAUDERDALE STATE FL ZIP 33308

THIS CERTIFIES THAT THE INDIVIDUAL BELOW PURSUANT TO FLORIDA WORKERS' COMPENSATION LAW, CHAPTERS 440.04 AND 440.05 F.S. HAS FILED THE FOLLOWING FORM(S).

Certificate of Exemption of Coverage Under Workers'
 Compensation Law (BCM 207)

NAME			
JON	H MEYER		
TITLE		EFFECTIVE DATE	WITHDRAWAL DATE
DIRCTOR		05/25/2000	N/A

PHONE (904) 488-2333 TDD 1-800-955-8771 -- VOICE 1-800-955-8770



**OLD DOMINION
INSURANCE COMPANY**

4601 Touchton Road East, Ste. 3300
P.O. Box 16100, Jacksonville, FL 32245-6100
Telephone: 1-904-642-3000 / 1-800-226-0875

INSURED

SPECIAL COMMERCIAL PACKAGE POLICY

Named Insured and Mailing Address

**TROPICAL SLINGS INC.
4205 BOUGAINVILLE
LAUDERDALE BY THE SE, FL 33308**

**Policy Number: BPG3149A
Account Number: CACG3149A**

**Agent: PLASTRIDGE INS AGENCY-CORAL SP
AGENT PHONE : 954 752 8230**

Producer Code: 090284003

POLICYHOLDER INFORMATION

Named Insureds Business: FAST FOOD
Entity: CORPORATION
Policy Term: 12
Effective: 03/10/09 (12:01 A.M. Standard Time at the address
Expiration: 03/10/10 of the Named Insured stated above)

In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. See the attached schedules for Description of Premises, Property Coverage, Optional Coverages, Forms and Endorsements applying to this policy and Mortgagee Schedule if applicable.

LIABILITY COVERAGE	LIMITS OF INSURANCE
Liability & Medical Expenses - each occurrence	\$ 1,000,000
Personal and Advertising Injury Limit	\$ 1,000,000
Products-Completed Operations Aggregate Limit	\$ 2,000,000
General Aggregate Limit	\$ 2,000,000
Fire Legal Liability - any one fire or explosion	\$ 50,000
Medical Expense Limit - per person	\$ 5,000

Business Liability and Medical Expense: Except for Fire Legal Liability, each paid claim for the above coverages reduces the amount of insurance we provide during the applicable annual period.

For policies subject to premium audit: Annual Audit Applies.

		Total Annual Premium:	\$	
FL EMPAT FUND:	\$ 4.00	FL RECOUPMENT:	\$	31.31
FL FIRE MARSHALL:	\$.66	TOTAL PREMIUM AND CHARGES	\$	

Countersigned: _____ By: _____

64-5255 (1/04) 03/24/09 NEW BUSINESS JJ

OLD DOMINION INSURANCE CO.

TROPICAL SLINGS INC.

Agent: PLASTRIDGE INS AGENCY-CORAL SP

Policy Number: BPG3149A
Account Number: CACG3149A
Effective Date: 03/10/09
Producer Code: 090284003

ADDITIONAL INSURED SCHEDULE

CITY OF FT LAUDERDALE
PURCHASING DEPT 100 N ANDREWS AVE

FT LAUDERDALE
CG2026

FL 33301

AISCHED 9/00 03/24/09 NEW BUSINESS JJ



Florida Department of Agriculture and Consumer Services
Division of Food Safety
3125 Conner Boulevard, C-26
Tallahassee, Florida 32399-1650
(850) 245-5520
December 10, 2009

Business Mailing Address :



JON H MEYER (DBA TROPICAL SLINGS)
4205 BOUGAINVILLE DR
LAUDERDALE BY THE SEA FL 33308 - 5416

Firm Number : 287616
Decal number : 20101058

Permit Year: 2010

Business name and location address :

TROPICAL SLINGS INC
100 N NEW RIVER DR E
FORT LAUDERDALE FL 33301

Dear Operator;

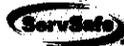
THIS LETTER IS YOUR 2010 MOBILE VEHICLE ANNUAL FOOD PERMIT. THIS ORIGINAL LETTER MUST BE KEPT IN THE PERMITTED VEHICLE. PLEASE MAKE SURE YOU PLACE THE ATTACHED DECAL IN AN EASY TO SEE LOCATION ON THE EXTERIOR OF THE VEHICLE AND KEEP THIS LETTER AVAILABLE FOR THE INSPECTOR. The decal must be securely attached to the vehicle using the self adhesive backing. Failure to display this decal in accordance with this policy may result in administrative action for violation of Florida Administrative Code 5K-4.020(2), "...Permits shall be conspicuously displayed at locations for which issued and are not transferable..." This decal and letter is valid only for the vehicle to which it is issued. If you have any questions about the placement of this decal please call us at 850-245-5520.

Please note that the number on the decal is not the same as your firm number. The number on the decal will change each year but your firm number will always remain the same. Please include your firm number in any correspondence or phone calls.

If any other licensing authority requests to see your Annual Food Permit prior to issuing their license this letter should serve as proof that you have submitted payment for your Mobile Vehicle Annual Food Permit.

Sincerely,

John T. Fruin, DVM, Ph. D
Chief, Bureau of Food & Meat Inspection
Division of Food Safety



Exam Form No. 4443

Cert. No. 630019



ServSafe Certification

TO JOHN MEYER

for successfully completing the standards set forth by the National Restaurant Association Educational Foundation for the ServSafe® Food Protection Manager Certification Examination.

Date of Examination: 2/4/2009

Date of Expiration: 2/4/2014

National Restaurant Association
EDUCATIONAL FOUNDATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



#0085

©2008 National Restaurant Association Educational Foundation. All rights reserved.

State of Florida



Department of State

I certify from the records of this office that TROPICAL SLINGS is a Fictitious Name registered with the Department of State on January 14, 1993.

The Registration Number of this Fictitious Name is G93014000309.

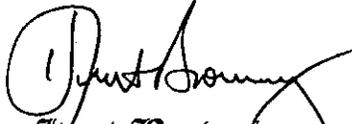
I further certify that said Fictitious Name Registration is active.

I further certify said Fictitious Name Registration filed a renewal on July 14, 2008 and expires on December 31, 2013.



CR2EO22 (01-07)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twenty-third day of July, 2008


Kurt Browning
Secretary of State

State of Florida



Department of State

I certify from the records of this office that TROPICAL SLINGS INC. is a corporation organized under the laws of the State of Florida, filed on July 25, 1995.

The document number of this corporation is P95000057904.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1995, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-seventh day of July, 1995



CR2EO22 (2-95)

Sandra B. Martham

Sandra B. Martham
Secretary of State



CITY OF
FORT LAUDERDALE BUSINESS TAX YEAR 2009 - 2010

Venice of America

BUSINESS TAX DIVISION
700 NW 19 AVENUE, FORT LAUDERDALE, FLORIDA 33311
(954)828-5195

Business ID: 993705 Business Name: TROPICAL SLINGS INC
Business Address: 100 N NEW RIVER DR E
Tax Category: VENDOR-STREET Tax#: 703916 Fee: 210.00
PER VEHICLE

TROPICAL SLINGS INC
JON H MEYER
4205 BOUGINVILLA DR
FORT LAUDERDALE, FL 33305

DETACH AND POST THIS RECEIPT IN A CONSPICUOUS PLACE

Business ID: 993705
Tax Number: 703916
Business Name: TROPICAL SLINGS INC
Business Address: 100 N NEW RIVER DR E
Business Owner: MEYER, JON H

- ✓ This Receipt issued for the period commencing October 1st and ending September 30th of the years shown above.
- ✓ If you have moved your business, please complete below and bring it into our office.
- ✓ A transfer of business location is subject to zoning approval. Please bring this receipt in to our office to obtain the necessary approval.
- ✓ If you have sold your business, please sign below and mail it to our office, or provide it to the Purchaser to bring into our office along with a Bill of Sale.
- ✓ A Transfer fee applies of 10% of the annual business tax fee, not less than \$3.00, no more than \$25.00.

Purchaser Name: _____
Print Name Signature

Seller Name: _____
Print Name Signature

Please be advised that this issuance of a Business Tax Receipt establishes that the business you intend to conduct is a use permitted by the City Zoning Code for the location at which you intend to operate. The issuance of a Business Tax Receipt in no way certifies that the property located at this address is in compliance with other provisions of the City Code of Ordinances.

BUILDING DEPARTMENT
BUSINESS TAX DIVISION
700 NW 19 AVENUE, FORT LAUDERDALE, FLORIDA 33311
TEL (954)828-5195 FAX (954)828-6929
WWW.FORTLAUDERDALE.GOV

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000
VALID OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010

DBA: Receipt # **370-0000218**
Business Name: TROPICAL SLINGS INC **Business Type:**
Owner Name: MEYER JON H **STORE ON WHEELS/TROPICAL DRINK**
Business Location: 100 NEW RIVER DR **Business Opened:** 05/31/00
FT LAUDERDALE 33301 **State/County/Cert/Reg:** 585733606175
Business Phone: (954)647-1558 **Exemption Code:** NON EXEMPT

Rooms **Seats** **Employees** **Machines** **Professionals**
1 UNIT

Number of Machines: For Vending Business Only						Vending Type:
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
\$ 45.00						\$ 45.00

PAID 07/24/09 7703635.0001 45.00

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:

TROPICAL SLINGS INC
MEYER JON H
4205 BOUGAINVILLE DR
FORT LAUDERDALE FL 33308/5416

2009 - 2010