

App. #: _____ 11-COU-147

ZONING REVIEW SOAPHIA LAUNDRY CENTERS, LLC4271/75 NW 12 ST

Business Name: _____

Business Address: _____

FOR OFFICE USE ONLY:

ZONING DISTRICT: _____
PERSONAL SERVICECOMMUNITY COMMERCIAL (CC)
CLASSIFICATION: _____

- APPROVED
- APPROVED WITH CONDITIONS
- INSUFFICIENT DOCUMENTATION

NOT ALLOWED IN ZONING DISTRICT PROVIDE NUMBER OF DISPENSERS AND ANY OTHER VENDING MACHINES

- Commented [11]:
- Commented [02]:
- Commented [03]:
- Commented [04]:

Planning & Zoning: _____ Date: _____

_____ Date: _____

Finance: _____ Date: _____

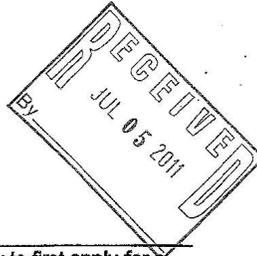
_____ Date: _____

Special Exception Use? **Yes** | **No** | | If yes, has Special Exception been granted? **Yes** | **No**

| **N/A** | | | History/Additional comments:



Certificate of Use Application Checklist



Before an applicant can obtain a Local Business Tax Receipt, it is necessary to first apply for a Certificate of Use. \$50 processing fee is required when the application is submitted.

The following documents must accompany your application:

To open a commercial business:

- Articles of Incorporation and/or Fictitious Name Certificate
- Certificate of Liability Insurance (as applicable). Must show the "City of Lauderhill" as the certificate holder
- All professional license(s) as regulated by the State of Florida, Department of Professional Business Regulators, Dept. of Health, Office of Financial Regulation, Florida Bar, etc.
- Broward County License (Local Business Tax Receipt)

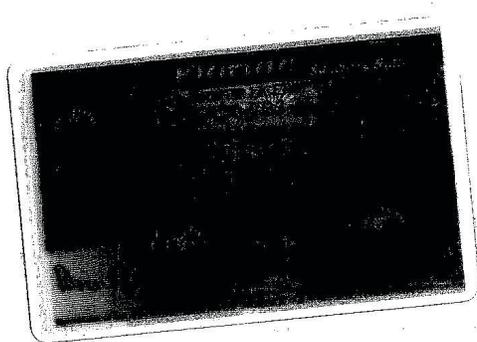
To rent or lease a residential property:

- Property lease or deed, as applicable
- Homestead Exemption Affidavit

For a Restricted Residential Business (Home-based Business):

- Property lease or deed, as applicable
- Articles of Incorporation and/or Fictitious Name Certificate
- Certificate of Liability Insurance (as applicable). Must show the "City of Lauderhill" as the certificate holder
- All professional license(s) as regulated by the State of Florida, Department of Professional Business Regulators, Dept. of Health, Office of Financial Regulation, Florida Bar, etc.
- Broward County License (Local Business Tax Receipt)

DUPLICATE RECEIPT
 CITY OF LAUDERHILL
 REC'D BY: MARY
 PAYOR: SOPHIA LAUNDRY
 TODAY'S DATE: 07/05/11
 REGISTER DATE: 07/05/11
 DESCRIPTION AMOUNT
 CUST ID: 1.000
 CERT OF USE PROCESSING \$50.00
 CUST ID: 1.000
 CERT OF USE PROCESSING \$10.00
 TOTAL DUE: \$60.00
 TENDERED: \$60.00
 CHANGE: \$0.00
 CHECK: \$0.00
 REF NUM: 1002



NEW BUSINESS
 (opening date): 09/01/11

EXISTING BUSINESS
 (date established): _____



App. #: _____

Processing Fee - \$50

Certificate of Use Application

BUSINESS INFORMATION

Business Name: Soaphia Laundry Centers, LLC
 Business Address: 4271775 NW 12th Street
Lauderhill, FL 33313
 Business Telephone Number: 561-267-4336
 Business Email: SELLIOTT1776@GMAIL.COM

CONTACT INFORMATION

Applicant Name: Stephen Elliott
 Applicant Address: POB 213517
West Palm Beach, FL 33421
 Applicant Telephone Number: 561-267-4336
 Applicant Email address: sellott1776@gmail.com

Relationship of Applicant to Business: Managing Member

Authorized to act on behalf of the business? (provide documentation, if applicable) Yes No

FOR OFFICIAL USE ONLY	ZONING DISTRICT: _____
	CLASSIFICATION: _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED WITH CONDITIONS <input type="checkbox"/> INSUFFICIENT DOCUMENTATION <input type="checkbox"/> NOT ALLOWED IN ZONING DISTRICT	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
Planning & Zoning: _____	Date: _____

App. #: _____

BUSINESS DESCRIPTION

Type of Merchandise or Service: Coin Operated Laundry

Total Dollar Value of Retail Inventory: 0 Square Footage: 3,677

Please list all activities conducted at your business:
The business will have 46 washing machines and 46 dryers. In addition there will be various vending machines.

Has the name of your business changed? Yes No

If yes, previous business name: _____

Name of prior tenant or business at this location (if applicable):
N/A

HOURS OF OPERATION

The days and hours of operation of my business will be:

Sunday	<u>7 AM</u>	to	<u>11 PM</u>	Thursday	<u>7 AM</u>	to	<u>11 PM</u>
Monday	<u>7 AM</u>	to	<u>11 PM</u>	Friday	<u>7 AM</u>	to	<u>11 PM</u>
Tuesday	<u>7 AM</u>	to	<u>11 PM</u>	Saturday	<u>7 AM</u>	to	<u>11 PM</u>
Wednesday	<u>7 AM</u>	to	<u>11 PM</u>				

Operation during any hours outside of those listed above without prior approval from the City of Lauderhill may result in the revocation of the Certificate of Use and the closure of the business.

In the section below, please check "yes" or "no" to the following questions:

1. Will you be sharing space within the building at the listed address? Yes No
If yes, please explain _____
2. Does the business feature, promote, depict, or display any type of nudity? Yes No
If yes, please describe _____
3. Has the applicant ever had a Local Business Tax Receipt, Certificate of Use, or Occupational License suspended or revoked? Yes No
If yes, please explain _____

App. #: _____

Please check "YES" or "NO" for each of the following uses and categories as they apply to your business. Any use that is checked "NO" on this form will be prohibited.

	Yes	No		Yes	No
Adult entertainment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcoholic beverages			Mobile vending or detailing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
On Premises	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Personal or Social services		
Off Premises	<input type="checkbox"/>	<input checked="" type="checkbox"/> 7 AM	Fortune telling,		
Beer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	medium, faith healing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tax, business	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Liquor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hair, nails, skin	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Property Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Warehouse, storage indoor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food distribution	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage yard outdoor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (describe below)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Educational or Training (Note 1)			Public lodging (Note 1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Under age 18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Public assembly (Note 1)		
Age 18 and above	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Banquet hall	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food service/Restaurant (Note 1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Social club	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drive through	<input type="checkbox"/>	<input checked="" type="checkbox"/>	House of Religious Worship	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Industrial or processing			Meeting room	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Manufacturing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Residential		
Food products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Home office	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assembly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rental	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Convenience store	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rooming house (Note 1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Retail goods or food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Assisted living (Note 1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation or utility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Group home (Note 1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Special residential facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Arcade, gaming machines	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medical			Washing machines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Doctor, Dentist office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vending machines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Massage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Automotive		
MRI, X-ray, sonograms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sales, rental	<input type="checkbox"/>	<input checked="" type="checkbox"/>
On site surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Parts sales	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription dispensary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Repairs, maintenance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery trucks on site	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Body shop, paint	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Day Care (Note 1)					
Home location	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Commercial location	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
DJ, Karaoke, Live Music (Note 1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dance floor/elevated stage (Note 1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other uses not listed above (explain fully in space below)

Note 1: Assembly uses require review time and may require site inspections

Please fully explain the uses related to all YES answers checked above

The business will have 46 washing machines and 46 dryers in addition
to vending machines for the sale of laundry supplies.

App. #: _____

Please read the section below carefully before signing

I hereby acknowledge and affirm that I have candidly and fully identified all uses that are to be operated from the above-described address, and that only the use(s) identified in this application shall operate from said address. I further acknowledge that the failure to candidly, accurately and fully identify all uses that are to be operated from the above-described address is grounds for a civil penalty and will result in the immediate denial or revocation of my certificate of use and closure of my business.

I also understand that the operation of any use other than the use(s) identified above is grounds for the immediate denial or revocation of the Certificate of Use. I further understand that if there are any changes in the operation of my business as stated in this affidavit subsequent to the opening of my business, that I will agree to file the necessary application(s) and affidavit(s) and seek prior approval from the City of Lauderhill for any such changes. Failure to obtain the necessary prior approval will result in the immediate revocation of my certificate of use and closure of my business.

I further understand that the issuance of a Local Business Tax receipt is contingent on the approval of a Certificate of Use and on compliance with all building and zoning ordinances of the City of Lauderhill, and that this compliance must be maintained. Failure to maintain compliance will be cause for revocation of the Certificate of Use.

If a background investigation of any applicant for a Certificate of Use or Local Business Tax Receipt is required, as pursuant to the Code of Ordinances, Chapter 12, Business Regulations, the applicant shall be required to reimburse the City for the cost of the investigation prior to the issuance of the Certificate of Use or Local Business Tax Receipt. Alternatively, if a background investigation of an applicant results in the denial or revocation of a Certificate of Use or Local Business Tax Receipt, said applicant or business owner shall be required to reimburse the City for the costs of the investigation.

I understand that all signage related to my business is subject to Schedule I of the Lauderhill Land Development Regulations and generally requires city approval and a permit before it can be legally placed on or in my business.

I additionally acknowledge that both the Certificate of Use and the Local Business Tax Receipt expire September 30th of each year and must be renewed by this date; otherwise, the City of Lauderhill will undertake such actions as is specified in the Code of Ordinances.

[Signature]
Applicant Signature

7/5/11
Signature Date

THIS DOCUMENT MUST BE NOTARIZED

State of Florida
County of Broward

The foregoing instrument was acknowledged before me this 5 day of July, 2011 by [Signature] who is personally known to me or who has produced 2930193453230 as identification.

[Signature], Notary Public Commission No. _____
Signature of Notary Public


Name of Notary Public Patricia Anderson
Printed or Stamped

YOU WILL BE CONTACTED BY THE BUSINESS TAX DIVISION ONCE THE CERTIFICATE OF USE APPLICATION IS APPROVED. PLEASE CONTACT 954-730-3092 OR 714-1529 FOR BUSINESS TAX QUESTIONS.

App. #: _____

FOR OFFICIAL USE ONLY

ZONING REVIEW AND ANALYSIS

Business: _____ Zoning District: _____

Classification: _____

Special Exception Use? Yes No

If yes, has Special Exception been granted? Yes No

History (if applicable): _____

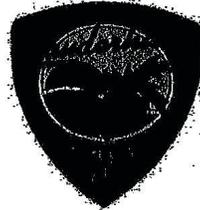
Approve (no conditions)

Approve with conditions _____

Insufficient documentation _____

Use not allowed in zoning district _____

Date: _____



Lauderhill Police Department
6279 West Oakland Park Blvd
Lauderhill, Florida 33313

Re: Business/Resident Name: Soaphia Laundry Centers, LLC
Address: 4271/75 NW 12th Street, Lauderhill, FL 333313

Dear Sir/Madam:

Please be advised that I am the owner of the above referenced property. I hereby grant and request the Lauderhill Police Department to warn and direct persons who are trespassing, conducting themselves in a disorderly manner, or engaged in criminal activity to leave the property, also to enforce Florida State Statute 810.09 entitled "Trespass" on or about the property.

Pursuant to the authority herein, the Lauderhill Police Department and its officers are authorized representatives of the abovementioned to enforce Florida State Statute and others about the property. It is also acknowledged that the abovementioned supports the prosecution of the arrest pursuant to this authority.

If you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

Owner's Name: Stephen Elliott

Title/Phone Number: Managing Member - 561-267-4336

Sworn to and subscribed before me this

Date: 5 July 2011

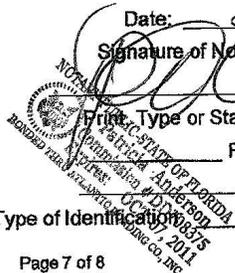
Signature of Notary Public-State of Florida

Print, Type or Stamp Name of Notary Public

Personally Known to Me, or

Produced Identification:

Type of Identification: _____



**Electronic Articles of Organization
For
Florida Limited Liability Company**

L1000088882
FILED 8:00 AM
August 24, 2010
Sec. Of State
alunt

Article I

The name of the Limited Liability Company is:
SOAPHIA LAUNDRY CENTERS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
600 E. MAIN STREET
GALESBURG, IL. US 61402

The mailing address of the Limited Liability Company is:
POST OFFICE BOX 213517
WEST PALM BEACH, FL. 33421

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
JOHN T METZGER ESQ.
505 S. FLAGLER DRIVE
SUITE 300
WEST PALM BEACH, FL. 33401

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JOHN T. METZGER

200

Article V

The name and address of managing members/managers are:

Title: MGR
STEVE ELLIOTT
PORT OFFICE BOX 213517
WEST PALM BEACH, FL. 33421

Title: MGR
LEET E DENTON
3066 S.E. ISLAND PT. LANE
STUART, FL. 34996

L1000088882
FILED 8:00 AM
August 24, 2010
Sec. Of State
alunt

Article VI

The effective date for this Limited Liability Company shall be:

08/24/2010

Signature of member or an authorized representative of a member

Signature: STEVE ELLIOTT

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000
VALID OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

DBA:
Business Name: SOAPHIA LAUNDRY CENTERS LLC
Owner Name: SOAPHIA LAUNDRY CENTERS LLC
Business Location: 4271-75 NW 12 ST
LAUDERHILL
Business Phone: 309-342-4155

Receipt #: 386-242217
Business Type: MERCHANDISE MACH/LICENSED
(VENDING)
Business Opened: 06/29/2011
State/County/Cert/Reg: STK #3792-3797
Exemption Code: NONEXEMPT

Rooms Seats Employees Machines Professionals
6

For Vending Business Only						
Number of Machines: 6			Vending Type: M			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
27.00	0.00	0.00	0.00	0.00	0.00	27.00

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:

SOAPHIA LAUNDRY CENTERS LLC
600 E MAIN ST
GALESBURG, IL 61401

Receipt #13B-10-00005303
Paid 06/29/2011 27.00

2010 - 2011

Client#: 50275

SOAPLAU

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/30/2011
PRODUCER Meadowbrook, Inc. Southfield Commercial Agency 26255 American Drive Southfield, MI 48034-6112	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.	
INSURED Soaphia Laundry Centers, LLC P.O. Box 1488 Galesburg, IL 61402-1488	INSURERS AFFORDING COVERAGE INSURER A: CorePointe Ins. Co INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADDL LTR	INSR#	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO <input type="checkbox"/> JECT <input type="checkbox"/> LOC	BINDER210229	07/01/11	07/01/12	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PROP AGG \$1,000,000
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		PROPERTY COVERAGE				\$824,000 PERSONAL PROPERTY

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

INSURED'S OPERATIONS AT: THE LAUDERHILL SHOPPING MALL
 4271/75 NW 12TH STREET
 LAUDERHILL, FL 33313

CERTIFICATE HOLDER City of Lauderhill 5581 W. Oakland Park Blvd Lauderhill, FL 33313	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Kenneth R. Allen</i>
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