



APPLICATION NUMBER  
**19-SE-017**

**PLANNING & ZONING DIVISION**

**DEC 18 2019**

**RECEIVED**

**SPECIAL EXCEPTION USE APPLICATION  
FOR**

ENTER TYPE OF USE /BUSINESS:

**Business Name:** Body & Mind Works

**Business Address:** 1600 N State Rd Suite 200 Lauderhill FL 33313

**Business Telephone Number:** 954-900-9804

**Business Email:** jgibsonnp@gmail.com

**APPLICANT AND CONTACT INFORMATION**

**Applicant Name:** Jonelle Rivas Gibson

**Applicant Address:** 1451 SW 75th Terrace Plantation FL 33317

**Applicant Telephone Number:** 954-940-2555

**Applicant Mobile Telephone Number:** 954-940-2555

**Applicant Email address:** JGIBSONNP@GMAIL.COM

**FILL IN BELOW THE CONTACT INFORMATION FOR ANYONE ELSE WHO SHOULD  
RECEIVE COPIES OF NOTICES /CORRESPONDENCE**

**Name:** Dale Gibson

**Address:** 1600 N State Rd 7 Suite 200 Lauderhill FL 33313

**Telephone Number:** 954-554-3454 **Mobile:** 954-554-3454

**Email address:** dale4gibson@gmail.com

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Name: Body & Mind Works Inc

Address: 1600 N State Rd 7 Suite 200 Lauderhill FL 33313

Telephone Number: 954-900-9804 Mobile N/A

Email address: jgibsonnp@gmail.com

**INFORMATION ABOUT THE USE/ BUSINESS**

**Business Description (Please list all activities conducted at your business):**

Tele-Psychiatry. Mood Disorder Anxiety Disorder Bi-Polar Disorder PTSD Schizophrenia Depression Clozaril Provider Suboxone Provide Cardiovascular Care  
Diabetes Tele-Medicine DOT Physicals Immunizations Allergies & Asthma Primary Care Skin Conditions Preventive Care  
Body & Mind Works' goal is to improve healthcare outcomes for a segment of Broward County's 1.9 million residents  
who need a provider that can competently treat ailments of the Body & Mind.

Date the business opened or is expected to be opened: \_\_\_\_\_

**The Days and Hours of operation for the business:**

**LIST NEXT TO EACH DAY, THE HOURS  
YOU WILL BE OPEN**

**LIST NEXT TO EACH DAY THE  
# OF EMPLOYEES ON DUTY**

<b>Sunday</b>	<u>closed</u>	<u>to</u>	<u>closed</u>	.....	<u>0</u>
<b>Monday</b>	<u>9</u>	<u>to</u>	<u>4</u>	.....	<u>2</u>
<b>Tuesday</b>	<u>9</u>	<u>to</u>	<u>4</u>	.....	<u>2</u>
<b>Wednesday</b>	<u>9</u>	<u>to</u>	<u>4</u>	.....	<u>2</u>
<b>Thursday</b>	<u>9</u>	<u>to</u>	<u>4</u>	.....	<u>2</u>
<b>Friday</b>	<u>9</u>	<u>to</u>	<u>4</u>	.....	<u>2</u>
<b>Saturday</b>	<u>closed</u>	<u>to</u>	<u>closed</u>	.....	<u>0</u>

How many persons will the proposed business employ? 3

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**List the job titles and approximate salaries for the proposed employees?**

Advanced Practice Registered Nurse \$60.00 an hour

Receptionist \$12.00 an hour

Business Manager \$35.00 an hour

Square footage of building space to be occupied by the business : 1000

INFORMATION ABOUT THE SITE

Property Owner Name: Marcina Joseph

Property Owner Street Address: 1600 NW 40 Ave

City, State & Zip Code: Lauderhill ,FL 33313

Telephone #: 954-981-1977

Email MEDPED1@BELLSOUTH.NET

STANDARDS FOR APPROVAL  
THE EFFECTS OF YOUR USE/BUSINESS ON THE COMMUNITY

**Describe how your business will affect the residents who live close by:**

The introduction of psychiatric services and family practice under one umbrella will be an asset to the residents who live close by .

**Describe how this business/use will affect neighboring businesses:**

It will be an asset as it provides primary and psychiatric care in one location. It allows for physical and mental care in one facility.

**What site characteristics make this location suitable for your use/ business:**

Close proximity to the Lauderhill Mall and the Central Regional Complex make this an optimal site. The facility is also located in the Lauderhill Industrial Park which gives us access to many other businesses . The area is served by public transportation. The facility is easily accessible potential

customers as it .5 miles from the Lauderhill Transfer Facility, serving the following bus lines number 18,19, 40,36 and 81. The bus stop for both the 18 and

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**How will this use/ business affect the community economically?**

The business will increase the tax base for the City of Lauderhill as well as helping tax dollars to stay in the community by hiring local employees

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**ADDITIONAL DEMANDS ON UTILITIES, COMMUNITY FACILITIES, AND PUBLIC SERVICES**

**Describe any fire hazards associated with your business:** Not applicable

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**Describe what security measures your business will require:** None

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**Describe any chemicals, fluids, gases or potentially hazardous substances that your business will use or store on site:** None

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**Describe any activity in your business that will use water other than normal washing and toilet use:** Not applicable

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**Describe any activity in your business that will utilize City park facilities:** Not applicable

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**Describe any activity in your business that will generate noise, light or vibration:**  
Not applicable

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**Describe transit, automobile or pedestrian traffic that your business will create in the area:**

The parking facilities are adequate for the general traffic generated by the business. No additional burdens on traffic will occur.

**Describe any activity in your business that will involve alcohol, music or live entertainment:**

Not applicable

**Describe any other aspects of your business about which you feel that the reviewer should know:**

Body & Mind Works addresses Broward County's critical need for qualified providers who use evidence-based practice to optimize physical health and mental wellness. More than half of all individuals diagnosed with psychiatric disorders are misdiagnosed and treated in Primary Care environments by providers who are not board certified in Psychiatry. An incorrect diagnosis has negative effects on the physical and mental well-being of affected individuals and society at large.

**ATTACH THESE DOCUMENTS TO THIS APPLICATION**

- 1. Site Plan
- 2. Floor Plan
- 3. Inventory of Fixtures and Equipment
- 4. Legal Description
- 5. Certified Mailing list with two (2) sets of labels for all property owners within 300 feet of the site.
- 6. Copy of Lease (For Applicants who are renting)
- 7. Copy of Deed or Contract to Purchase (For Applicant who own or intends to own)
- 8. Letter from property owner authorizing you to apply for a special exception.

**NOTE: STAFF MAY REQUIRE ADDITIONAL INFORMATION.**

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# AFFIDAVIT

I, Dr. Jonelle Rivas-Gibson, DO HEREBY SWEAR OR AFFIRM

1. THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND THE ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
2. CONSISTENT WITH THE LAND DEVELOPMENT REGULATIONS OF THE CITY OF LAUDERHILL, FLORIDA, SPECIFICALLY, SCHEDULE E, SUBSECTION 5.(9), PARAGRAPH (B), I WILL CAUSE A SIGN AT LEAST THREE (3) SQUARE FEET IN SIZE TO BE POSTED ON THE SUBJECT PROPERTY FACING AND VISIBLE FROM THE STREET AT LEAST TEN (10) DAYS PRIOR TO THE PUBLIC. MOREOVER, I CERTIFY THE SIGN WILL REMAIN POSTED FOR THE DURATION OF THE TIME REQUIRED FOR THE POSTING OF THE SUBJECT PROPERTY AND A PHOTOGRAPH OF THE SIGN POSTED ON THE SUBJECT PROPERTY WILL BE PROVIDED TO THE CITY OF LAUDERHILL PLANNING AND ZONING DEPARTMENT AT LEAST SEVEN (7) DAYS PRIOR TO THE PUBLIC HEARING.
3. I WILL CAUSE THIS SAME SIGN TO BE REMOVED WITHIN SEVEN (7) CALENDAR DAYS AFTER THE HEARING.

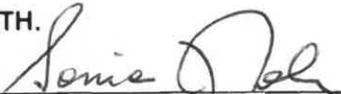
PRINT YOUR NAME: Jonelle Rivas-Gibson

SIGN YOUR NAME: 

DATE: 12/18/19

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 18 DAY  
 OF December, 2019, BY \_\_\_\_\_, WHO IS  
 PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED FL Drivers Licenes # R121433 -  
73-513-0  
 AS IDENTIFICATION AND WHO DID TAKE AN OATH.

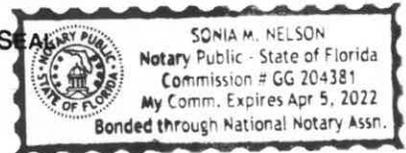
NOTARY PUBLIC

SIGN: 

PRINT: SONIA NELSON

STATE OF FLORIDA AT LARGE SEAL

MY COMMISSION EXPIRES:



## YOUR SUBMISSION

1. The original application with Attachments 1 -8 .
2. A check made payable to the City of Lauderhill for the appropriate fee amount.

## REAL ESTATE RESEARCH SERVICES

Alldata Real Estate Systems, Inc.  
290 NE 51<sup>st</sup> Street  
Ft. Lauderdale, FL  
(954) 772-1800

 Cutro & Associates, Inc.  
1025 Yale Drive  
Hollywood, FL  
(954) 920-2205

Florida Real Estate Decisions, Inc.  
1500 West Cypress Creek Road  
Suite 409  
Ft. Lauderdale, FL  
(954) 761-9003

Florida Real Estate Decisions, Inc.  
12765 W. Forest Hill Boulevard  
Suite 1314  
Wellington, FL  
(561) 798-4423

Florida Real Estate Decisions, Inc.  
16375 NE 18<sup>th</sup> Avenue  
Suite 300  
Miami, FL  
(305) 757-6884

\*The above mentioned companies have provided the required certified mailing list for previous applicants.

This is not a recommendation just a list of companies who have provided this service in the past.

Please refer to the yellow pages for additional sources.

Marcina Joseph

1600 NW 16 street

Ft Lauderdale, FL 33313

Nov 27, 2019

To Whom It May Concern:

I authorize Jonelle Gibson to apply for a special exemption, as needed for her business,  
Body and Mind Works.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Marcina Joseph". The signature is written in black ink and is positioned above the printed name.

Marcina Joseph