



CITY OF KEY WEST
PO Box 1409 (1300 White St.)
Key West, FL 33041
licensing@cityofkeywest-fl.gov

PERMIT APPLICATION ENTERTAINMENT VEHICLES

(Revised 1/2019)

Exhibit C

Application date: _____

NON-REFUNDABLE APPLICATION FEE \$150.00

Action:



New

☐ Transfer of ownership

☐ Transfer of location

Business Name:

Pedicab KW

Owner Name:

Jose Graterol

Business Address:

3920 South Mossevelt Blvd Apart 1095

Mailing Address:

3920 South Mossevelt Blvd Apart 1095

Email Address:

Josegrat0011@hotmail.com

Contact Phone #:

305 743 7337

EIN or last 4-digits of SSN: 9033

Other locales in which the business owner is engaged or associated with this same type of vehicle, and the names & business addresses of those businesses: _____

Transfers only:

Previous owner or previous location: _____

Entertainment Vehicle information:

Number, type, make, model & description of each type of vehicle:

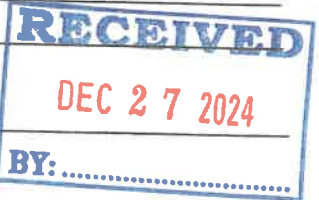
1 Pedicab main street Broadway

Location at which the vehicles will be loaded/unloaded: 100-110 Simon Ton Street

Location where the vehicles will be stored when not in use: 2600 N Roosevelt Blvd

Days and hours of operation: 7 days 4:00pm To 2:00 am

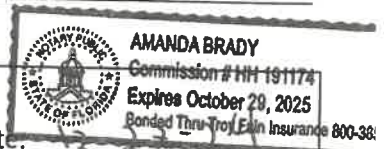
Fare to be charged per passenger per ride or other fare schedule: Per ordinance



By signing below, I certify that the above information is true, complete, and correct.

Signature: _____

Date: _____



Notary:

State of FL, County of Monroe. The foregoing instrument was acknowledged before me on this 27 day of 12, 2024 by Jose Graterol

Notary signature: _____

☐ Personally known

☒ produced ID: _____

SIGN HERE

Required Approvals:

☐ Police Department: _____

Signature: _____

Date: _____

☐ Planning Department: _____

Signature: _____

Date: _____

☐ City Commission: _____

Signature: _____

Date: _____

Back-up documents required after approval:

- ☒ State name registrations (corporation/LLC/fictitious name) (www.sunbiz.org)
- ☒ Copy of lease, deed or Monroe County property card
- ☒ Liability insurance with City of Key West named as additional insured
- ☒ Sales tax registration (www.floridarevenue.com)

OFFICE USE ONLY:

vehicles: _____

\$187.50 each: _____

Permit #: _____

Licensing Rep: _____

Date: _____



Adrian Laza <adrianlaza@gmail.com>

Pedicab company & sales tax

FL Dept of Revenue Taxpayer Services <fdortaxpayerservices@floridarevenue.com>

Wed, Dec 11, 2024 at 12:26 PM

Reply-To: fdortaxpayerservices@floridarevenue.com

To: adrianlaza@gmail.com

To: Adrian Laza

From: Florida Department of Revenue, Tallahassee

The Department has received your inquiry regarding the sales and use tax charges for your transportation services.

If the customer does not gain control or use of the item it would not be considered a rental so therefore, no sales tax charges. The service alone would not constitute a taxable transaction.

Thanks for the opportunity to respond to your inquiry. If you have additional questions, please reply to this email, or contact the Department at (850) 488-6800.

**Johnny Thomas III***Tax Specialist II*

General Tax Administration / Taxpayer Services Process

Florida Department of Revenue

FDORTaxpayerServices@FloridaRevenue.com

Your feedback is important to us. Please take our **SURVEY**

From: adrianlaza@gmail.com**Sent:** Wednesday, December 11, 2024 12:00 PM**To:** fdortaxpayerservices@floridarevenue.com**Subject:** Re: Pedicab company & sales tax

Good Afternoon,

Can you please confirm that Pedicab transportation service itself is exempt from sales and use tax and that I do not need to register an account with the Florida Department of Revenue for sales tax collection, if I only provide pedicab transportation services? There is no equipment or supplies, sales or rental services provided.

Thank You



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

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[Next On List](#)

[Return to List](#)

Pedicab kw

Search

No Events **No Name History**
Detail by Entity Name

Florida Limited Liability Company

PEDICAB KW LLC

Filing Information

Document Number L24000497082

FEI/EIN Number NONE

Date Filed 11/26/2024

Effective Date 11/26/2024

State FL

Status ACTIVE

Principal Address

3920 S ROOSEVELT BLVB

APARTMENT #109 S

KEY WEST, FL 33040

Mailing Address

3920 S ROOSEVELT BLVB

APARTMENT #109 S

KEY WEST, FL 33040 UN

Registered Agent Name & Address

GRATEROL, JOSE

3920 S ROOSEVELT BLVB

APARTMENT #109 S
KEY WEST, FL 33040

Authorized Person(s) Detail

Name & Address

Title MGR

GRATEROL, JOSE
3920 S ROOSEVELT BLVB
KEY WEST, FL 33040 UN

Annual Reports

No Annual Reports Filed

Sent from my iPhone

Main Street Pedi-Cabs, Inc.

11811 Upham St. #9
Broomfield, CO 80020
info@pedicab.com

INVOICE

BILL TO	SHIP TO	INVOICE	1-2022
Jose Graterol	Jose Graterol	DATE	12/02/2024
Key West, Florida 33040	3920 S Roosevelt Blvd	TERMS	Due on receipt
	Apt 109	DUE DATE	12/17/2024
	Key West, Florida 33040		

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Broadway Pedicab	Broadway fiberglass body w/ 41" seat width. Broadway includes side steps, handrail, under-seat storage, seatbelt and complete lighting system (head light, front and rear running lights, brake light and turn signals).	1	6,450.00	6,450.00T
	Bafang HD Motor	1000-watt (variable), electric-assist motor with speed sensor extension, "Heavy Duty", installed, with gear sensor, extended battery cables, extended sensor cables, black and white display. Motor set for output wattage of 750 watts.	1	995.00	995.00T
	LifePo4 Battery, 48v 30Ah	48v 30Ah lithium-iron-phosphate custom battery for powering motor.	1	700.00	700.00T
	All Weather Canopy	For the entire canopy, front and back, including the frame and all mounting hardware	1	850.00	850.00T
	Shipping Truck	Does not include lift gate - three strong people (minimum) are required to lift pedicab from the back of a truck. Delivery location must allow for a 53-foot tractor trailer truck.	1	895.00	895.00T
	Apply Pedicab Deposit	Applied Deposit serial number MSP#U548	1	-4,945.00	-4,945.00T

SUBTOTAL	4,945.00
TAX	0.00
TOTAL	4,945.00
PAYMENT	4,945.00
BALANCE DUE	\$0.00
	PAID

Parts orders are filled within 5 business days. Contact us if you do not receive a tracking email within 5 business days. In the rare event your order never arrives notification of lost items must be received within 30 days of receipt.

RETURN POLICY: Main Street Pedicabs considers ALL SALES FINAL. In exceptional circumstances returns may be accepted minus shipping and 20% RESTOCKING FEE.

Page 1 of 1

Midgard Self Storage - Key West

2600 N Roosevelt Blvd

Key West, FL 33040

(305) 296-1818

mgkeywest@storesmart.org

<https://www.midgardselfstorage.com/self-storage/fl/key-west/roosevelt-blvd/>

**SELF-STORAGE RENTAL AGREEMENT WITH SELF-STORAGE LIEN
(Florida)**

between "Tenant" and Reliant Real Estate Management, LLC ("Owner")

Midgard Self Storage - Key West

2600 N Roosevelt Blvd

Key West, FL 33040

Rent is Due on the First (1st) Day of Each Month

Lease Date: December 27, 2024

Storage Unit #: 1125

City: Key West

Storage Unit Size: 10.0 x 3.5

County: Monroe

Tenant's Name and Last Known Address:

Name: Jose Graterol

Street Address: 3920 S ROOSEVELT BLVD APT 109S

City/State/Zip: KEY WEST, FL 33040

Date of Birth: December 27, 2024

Home Phone: 305) 748-7387

Cell Phone: +13057487387

Email Address: joseitooll@hotmail.com

Social Security #:

EMAIL: By electing to provide its e-mail address above, Tenant affirmatively consents to the delivery of all notices from e-mail. Tenant agrees to promptly advise Owner of any change in Tenant's e-mail address.

Alternative Contact to send notice if Tenant is unavailable:

Name: Eileen Vargas

Phone: +13058964524

RENT & FEES:

Monthly Rent: \$212.00,

Tax: \$7.42

Insurance: Based on the tier selected

Late Fee (after 7 days past due): the greater of \$20.00 or 20 % of the rental rate

Lien Fee (after 31 days past due): \$100.00

Returned Check Fee: \$30.00

Fixed Lock Fee: \$25.00

Live Agent Payment Fee: \$5.00

Lost DaVinci Lock Fee: \$50.00

Monthly Rental Lock Fee: \$5.99

Monthly 24-hour Access Fee: \$10.00

Monthly Invoice Fee: \$3.00 per month

Cleaning Fee: minimum of \$50.00

Improper Lock Cut Fee: \$50.00

MILITARY: Are you or your spouse a member of the uniformed services of the United States meaning a member of the armed forces; the commissioned corps of the National Oceanic and Atmospheric Administration; or the commissioned corps of the United States Public Health Service?



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/27/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Porter-Allen Company 513 Southard Street Key West FL 33040	CONTACT NAME: Maria Gonzalez PHONE (A/C, No, Ext): (305) 294-2542 E-MAIL ADDRESS: maria@porterallencompany.com FAX (A/C, No): (305) 296-7985
INSURED Pedicab KW, LLC. 3920 S. Roosevelt Blvd. Apt. #109S Key West FL 33040	INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL24122711123

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	N	3AA853501	12/27/2024	12/27/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ EXCLUDED GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ EXCLUDED Employee Benefits \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PEDICAB - PREMISES COVERAGE ONLY LOCATION 106 SIMONTON STREET KEY WEST

CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

City of Key West
P.O. BOX 1409

Key West FL 33041

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

CITY OF KEY WEST, FLORIDA

Driver Permit

Issued by order of Key West Code of Ordinances Chapter 78 Division 3.
www.KeyWestCity.com

Name: Jose Gonzalez

Permit: #24-TAX-112

Expires: 09/10/2025



Permit holder must comply with all sections of Chapter 78 Key West Code of Ordinances.

2024 / 2025
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2025

Business Name: PEDICAB KW LLC

RECEIPT# 47147-140193

Owner Name: JOSE LUIS GRATEROL GONZALEZ
Mailing Address: 3920 S ROOSEVELT BLVD 109S
KEY WEST, FL 33040

Business Location: MO CTY
KEY WEST, FL 33040
Business Phone: 305-748-7387
Business Type: TAXI COMPANIES & DRIVERS (TAXI DRIVER)

Employees 1

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
22.00	0.00	22.00	0.00	0.00	0.00	22.00

Paid 114-24-00002538 12/11/2024 22.00

THIS BECOMES A TAX RECEIPT
WHEN VALIDATED

Sam C. Steele, CFC, Tax Collector
PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX.
YOU MUST MEET ALL
COUNTY AND/OR
MUNICIPALITY
PLANNING, ZONING AND
LICENSING
REQUIREMENTS.

MONROE COUNTY BUSINESS TAX RECEIPT
P.O. Box 1129, Key West, FL 33041-1129
EXPIRES SEPTEMBER 30, 2025

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