



# Resident Access Card Information Form 2024

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Updated 7/1/2024

1. Owner Name Lior Ben-Shmuel Address 508 North Parkway  
Email Lior@Binfo.com Phone 305-790-7900  
Alternate Mailing Address 570 North Island City/State/Zip Golden beach, FL 33160

I give the Town permission to register me for ☒ Emergency Alerts ☒ General Town Notifications LB  
(Initial)

2. Owner Name Jennifer Ben-Shmuel Address 508 North Parkway  
Email Jenlq@aol.com Phone 954-232-5894  
Alternate Mailing Address 570 North Island City/State/Zip 570 North Island

I give the Town permission to register me for ☒ Emergency Alerts ☒ General Town Notifications JB  
(Initial)

## HOUSEHOLD INFORMATION

Primary Language Spoken at Home English

How many residents reside in your household: 7

Are you an Owner/Tenant/Property Manager/Other?: Yes If Other, please specify:

For Tenants:

Rental Agreement Start Date:  Rental Term Length:

## Members of Household's Names, Ages, Relationships:

1. Family Member Name Aaron Gender M Age 23 Date of Birth 02/26/2001  
Relationship Son Contact Number/Cell Phone Number 305-336-4775  
Email aaronbenshmuell@gmail.com Dietary Requests (check any that apply) ☒ Kosher ☐ Vegetarian
2. Family Member Name Evan Gender M Age 21 Date of Birth 05/01/2003  
Relationship Son Contact Number/Cell Phone Number 954-552-9706  
Email Evanbenshmuell@gmail.com Dietary Requests (check any that apply) ☒ Kosher ☐ Vegetarian
3. Family Member Name Austin Gender M Age 16 Date of Birth 12/27/2007  
Relationship Son Contact Number/Cell Phone Number 305-336-4685  
Email Evanbenshmuell@gmail.com Dietary Requests (check any that apply) ☒ Kosher ☐ Vegetarian
4. Family Member Name Aden Gender M Age 14 Date of Birth 04/01/2010  
Relationship Son Contact Number/Cell Phone Number 305-335-4118  
Email Evanbenshmuell@gmail.com Dietary Requests (check any that apply): ☒ Kosher ☐ Vegetarian
5. Family Member Name Emme Gender F Age 12 Date of Birth 11/10/2011  
Relationship Daughter Contact Number/Cell Phone Number 305-934-7336  
Email Evanbenshmuell@gmail.com Dietary Requests (check any that apply): ☒ Kosher ☐ Vegetarian
6. Family Member Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Relationship \_\_\_\_\_ Contact Number/Cell Phone Number \_\_\_\_\_  
Email \_\_\_\_\_ Dietary Requests (check any that apply): ☐ Kosher ☐ Vegetarian
7. Family Member Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Relationship \_\_\_\_\_ Contact Number/Cell Phone Number \_\_\_\_\_  
Email \_\_\_\_\_ Dietary Requests (check any that apply): ☐ Kosher ☐ Vegetarian
8. Family Member Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Relationship \_\_\_\_\_ Contact Number/Cell Phone Number \_\_\_\_\_  
Email \_\_\_\_\_ Dietary Requests (check any that apply): ☐ Kosher ☐ Vegetarian

## EMERGENCY INFORMATION

Emergency Contact Name: Lior Ben-Shmuel Emergency Contact Phone: 305-790-7900  
Emergency Contact Address: 508 North Parkway

Emergency Contact Name: Jennifer Ben-Shmuel Emergency Contact Phone: 954-232-5894  
Emergency Contact Address: 508 North Parkway

Preferred Hospital: Mount Sinai Miami Beach

In case of an emergency, is there anyone in your home who may require special assistance (Elderly, Disabled etc.):

Yes or No No

Do you have a Home Security Alarm? (Please choose): If ☒ Yes ☐ No

yes, is it an Audible Alarm? (Please choose): ☒ Yes ☐ No

Alarm Company Name: Adt Alarm Company Phone: 1 800 238 2727

Property Gate Codes (for police use only): 2222

## VEHICLE INFORMATION

1. Vehicle Year: 2023 Make: BMW Model: M330i Color: grey  
Primary Driver of this Vehicle: Austin Ben-Shmuel  
Vehicle License Plate Number: 20E IYD ~~New one coming~~  
Vehicle Transponder ID Number: 2990 CABENS3

2. Vehicle Year: 2024 Make: Audi Model: S5 caberlist Color: White  
Primary Driver of this Vehicle: Evan Ben-Shmuel  
Vehicle License Plate Number: RFLM94  
Vehicle Transponder ID Number: 2597

3. Vehicle Year: 2023 Make: Tesla Model: Model 3 Color: Grey  
Primary Driver of this Vehicle: Aaron Ben-Shmuel  
Vehicle License Plate Number: FP60 P44  
Vehicle Transponder ID Number: 2466

4. Vehicle Year: 2023 Make: Land rover Model: Rangerover Color: white  
Primary Driver of this Vehicle: Jennifer Ben-Shmuel  
Vehicle License Plate Number: JN BEN  
Vehicle Transponder ID Number: 2216

5. Vehicle Year: 2022 Make: Ferrari Model: F8 spyder Color: Red  
Primary Driver of this Vehicle: Lior Ben-Shmuel  
Vehicle License Plate Number: ~~LIOR BEN~~ LIORJEN  
Vehicle Transponder ID Number: ~~2013~~ 2013

## VESSEL INFORMATION (Marine Vessels)

1. Hull Identification Number (HIN) FB6LSS FL Number F17940PU  
Make YDV Model VS Color White  
Name of the Vessel Jet ski

2. Hull Identification Number (HIN) \_\_\_\_\_ FL Number \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
Name of the Vessel \_\_\_\_\_

3. Hull Identification Number (HIN) \_\_\_\_\_ FL Number \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
Name of the Vessel \_\_\_\_\_

## HOUSE STAFF INFORMATION

1. Staff Member Name Lucia Zorrilla Job house keeper  
Phone 954-778-0906 Typical Hours of Work 9-5  
(Please check one) ☐ Live-In ☒ Part-Time

2. Staff Member Name Alberto Job handy man  
Phone 954-516-8718 Typical Hours of Work 9-5  
(Please circle one) ☐ Live-In ☒ Part-Time

3. Staff Member Name Roi Malach Job assitant  
 Phone 786-200-0201 Typical Hours of Work 9-5  
 (Please circle one) ☐ Live-In ☒ Part-Time
4. Staff Member Name Gerardo Cepeda Job handy man  
 Phone 786-670-0832 Typical Hours of Work 9-5  
 (Please circle one) ☐ Live-In ☒ Part-Time

## PETS

1. Pets Name: Bella Pets Age: 4 Pets Breed: Golden doodle  
 Gender: F Color: Light brown Weight: 18 pounds  
 Type of Pet: ☒ DOG ☐ CAT ☐ OTHER (please specify): \_\_\_\_\_
2. Pets Name: \_\_\_\_\_ Pets Age: \_\_\_\_\_ Pets Breed: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Type of Pet: ☐ DOG ☐ CAT ☐ OTHER (please specify): \_\_\_\_\_
3. Pets Name: \_\_\_\_\_ Pets Age: \_\_\_\_\_ Pets Breed: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Type of Pet: ☐ DOG ☐ CAT ☐ OTHER (please specify): \_\_\_\_\_

## RESIDENT ID CARD

Please contact Town Hall to obtain your Town Access ID Card at [ResidentServices@goldenbeach.us](mailto:ResidentServices@goldenbeach.us)

- Include the words "RESIDENT ID" in the email subject line.
- Include your First & Last Name and Address
- Include a passport-style photo, keep in mind the following criteria:
  1. Submit one color photo per ID, label the file with your full name.
  2. Submit a recent photo taken in last 6 months.
  3. Use a clear, high-resolution image of your face.
  4. Do not change your photo using computer software, phone apps or filters, or artificial intelligence.
  5. Have someone else take your photo. No selfies.
  6. Take off your eyeglasses, earbuds, headphones, or hats for your photo.
  7. Use a white or off-white background without shadows, texture, or lines.
- We will notify you by email when your ID is ready for pick-up