



ENVIRONMENTAL AND CONSUMER PROTECTION DIVISION

1 North University Drive, Box 302 • Plantation, Florida 33324 • 954-765-4400 • FAX 954-765-5309

\$400 Entry fee (*non refundable*)

January 28 – March 1, 2019

LOTTERY ENTRY CATEGORIES

Drawing: March 11, 2019

(only one entry per person/entry)

- TAXI DRIVER ONLY
 GENERAL TAXI
 WHEELCHAIR ACCESSIBLE TAXI
 LUXURY SEDAN
 FUEL EFFICIENT LUXURY SEDAN

Taxicab Driver category is only open for active Broward County taxicab drivers that do not hold a current certificate, that have been driving for at least 3 years/36 consecutive months (in Broward County) prior to the date of application and must submit documentation from companies attesting length of time driving. Winning certificates may not be sold for a period of six (6) years from the date of issuance.

General Taxi category is open to the public. Winning certificates may not be sold for a period of three (3) years from the date of issuance.

Wheelchair Accessible Taxi category is open to the public. Winning certificates may not be sold for a period of three (3) years from the date of issuance

Luxury Sedan category is open to the public. Upon winning, the certificate holder must present an inspection for a qualified luxury vehicle that you own or lease and intend to operate. Furthermore, certificate may not be sold or leased for a period of three (3) years from the date of issuance.

Fuel Efficient Luxury Sedan category is open to the public. Winning certificates may not be sold for a period of three (3) years from the date of issuance.

*The **non-refundable** lottery application fee is \$400 and may be paid in cash, credit card, or check. Checks are to be made payable to: **Broward County Board of County Commissioners**. Winning permits have an additional one time **new permit fee of \$1,000** which must be paid within 60 days from the date of the lottery drawing.*

Applicant Information

Yes No Are you a Veteran of the Armed Forces?

Yes No Are you currently a Broward County Certificate Holder?

(print or type) Individual Partnership Corporation
Applicant Name (Certificate holder)

Telephone # where you can be reached
() -

Address (street, city, state & zip)

Driver's License #

Exp. Date
/ /

Date of Birth
/ /

Mailing Address (street, city, state & zip)

E-mail Address

Corporation or Partnership

Business Owners, Partners, Directors, & Officers Information

Owner	Partner	Director	Officer	Name	Address	Telephone #	DOB
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

continue listing by attaching a separate page

ACKNOWLEDGEMENT

It is acknowledged by the applicant that this application shall be investigated by the Broward County Vehicle for Hire Section on behalf of the Director of the Environmental and Consumer Protection Division or the County Administrator who shall have the authority to require such further investigation or additional information as is deemed necessary to adequately inform the Broward County Commission about the applicant=s proposed operations and the public need thereof. It is further understood that in order to be granted a Certificate of Public Convenience and Necessity, the applicant agrees to authorize a criminal background check. In addition, the applicant certifies he/she has read and understands Chapter 222 of the Broward County Code and if granted a Certificate, will fully comply with its provisions. Applicant also certifies that he/she intends to comply with Section 222-9C prior to issuance of any certificate or permit.

AFFIDAVIT

**STATE OF FLORIDA,
COUNTY OF BROWARD**

On this _____ Day of _____, A.D. 20_____, before me personally appeared _____, and executed the foregoing application, who upon oath deposes and says that he/she has read and understands the acknowledgment above and that the information contained in or attached to this application is true and correct.

Personally Known ____ or Identification Produced _____

Signature of Applicant

NOTARY PUBLIC

MY COMMISSION EXPIRES:

OFFICE USE ONLY

Yes	No	N/A	CHECKLIST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed and notarized application/affidavit form (Make sure Applicant has completed veterans information)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Florida driver license (Must show an address in Broward, Miami-Dade or Palm Beach County)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Printout of corporate or fictitious name registration information from Florida Division of Corporations' Internet site
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Taxicab Driver Only Lottery: (1) copy of Broward County chauffeur's registration (hack License); (2) affidavit(s) from Broward County taxicab company (companies) verifying Applicant's being an active taxicab driver in Broward County for 36 consecutive months prior to the date of the application (3) verify that the driver does not hold a current certificate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copy of receipt for payment of application fee (Make sure ticket numbers appear on receipt.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicant's name, receipt number, and ticket number(s) entered on spreadsheet.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtained Applicant's telephone number.

TICKET NUMBER(S)

_____ - - _____

Date Received: _____ Receipt #: _____ Amount Paid: _____ Processor: _____