



Environmental Protection and Growth Management Department
ENVIRONMENTAL AND CONSUMER PROTECTION DIVISION
1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-4400 • broward.org/consumer

Port Everglades Business Permit Bus Special Permit Application Information and Instructions

Supporting Documents

You must attach the following supporting documentation to your application:

- A copy of your current vehicle registration
- A copy of your current certificate(s) of insurance
- A copy of your current Vehicle-for-Hire Operating Permit
- A copy of your current Florida driver license
- A copy of your current Broward County Business Tax Receipt (AKA "Occupational License")
- A copy of your current Corporate/Fictitious Name documents
- A copy of your current DOT No.



Note: certificates of insurance must indicate adequate insurance coverage and be in full force and effect. The certificates must list the **Environmental and Consumer Protection Division as a certificate holder** and must provide at least **30 days advance notice of cancellation**. Certificate of auto liability insurance must have a minimum limit of **\$500,000 CSL**. **For each vehicle**, submit a certificate with the year, make and Vehicle Identification Number (VIN); for a **fleet of vehicles**, provide a schedule listing the vehicles with year, make and VIN.

Port Everglades Business Permit only: certificate of general liability insurance must have a minimum limit of **\$500,000 per occurrence** and list **Broward County Board of County Commissioners as additional insured**.

Permit Fees

- First Time Applicant Initial Processing Fee & Late Renewals**\$200**
- Annual Business Permit Fee (*new and renewal Applicants*)**\$250**
- Special Permit Fee**\$100**
- Vehicle Decal Fee (*per vehicle*).....**\$15**

All permits expire June 30th

Payment Methods

- **Check**
Make checks payable to: *Broward County Board of County Commissioners*
- **Credit Card**
Complete a credit card authorization form

Return this application with all necessary documentation and payments to the address above.



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Port Everglades Business Permit ▪ Bus Special Permit Application

New Application Renewal Application

Permit Year

Business Information

Individual Partnership Corporation

| | | | |
|--------------------------|---------------------|------------------|-----|
| Business Name | | Business Account | |
| DBA Name, if different | | | |
| Business Address | City | State | Zip |
| Business Mailing Address | City | State | Zip |
| Business Phone | Business Fax | | |
| Business Mobile Phone | Contact Person Name | | |

Business Owners, Partners, Directors and Officer Information

| | |
|--|----------------------------------|
| <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer | |
| Name | Federal ID # or Driver License # |
| Address | |
| <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer | |
| Name | Federal ID # or Driver License # |
| Address | |
| <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer | |
| Name | Federal ID # or Driver License # |
| Address | |

| | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any director, officer, owner, general partner, shareholder, employee or agent who is active in managing your business been convicted of a crime involving fraud, smuggling, bribery, embezzlement, misappropriation of funds or a public entity crime as defined in Chapter 287, Florida Statutes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any director, officer, owner, general partner, shareholder, employee or agent who is active in managing your business been convicted of any felony? |

If you answered yes to either of these questions, please attach a summary on a separate sheet of paper, including individual's name, crime, date of conviction, sentence and any other relevant information – including a copy of the judgment or order.

Permit and Vehicle Information

Port Initial Processing Fee # _____ @ \$200 = _____

Port Annual Business Permit Fee # _____ @ \$250 = _____

Special Permit Fee # _____ @ \$100 = _____

Total \$ _____

Port Decal Fee # _____ @ \$15 = _____

| | Vehicle Year | Make/Model | Passenger Capacity | VIN no. (Last 6 digits) | License Tag # | OFFICE USE ONLY | |
|----|--------------|------------|--------------------|-------------------------|---------------|-----------------|--------------|
| | | | | | | Date Issued | New Permit # |
| 1 | | | | | | | |
| 2 | | | | | | | |
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| 14 | | | | | | | |

Permit Conditions

1. By accepting this non-exclusive permit, permittee agrees to comply with all applicable conditions, rules and regulations contained in Chapter 22^{1/2} of the Broward County Code of Ordinances, with respect to the conduct of the business operated pursuant to this permit; and subject likewise to the terms and provisions of all applicable federal, state and local laws, as amended from time to time.
2. Permittee agrees that he/she is bound by the statements, representations and conditions made during the issuance and/or renewal process, the information filed with County and further acknowledges, by his/her execution of this permit, that he/she has read and reviewed the relevant provisions of the Broward County Administrative Code and the Broward County Code of Ordinances, as amended or reissued, as they relate to the services to be provided under this permit.
3. A limousine, transport van or bus permittee shall not engage in the solicitation of passengers. Limousine, transport van and bus pickups shall be provided on a **prearranged basis only**.

By signing this application form, I agree to be bound by the permit conditions set forth above and understand that violating any condition may result in suspension, revocation and/or non-renewal of this permit and accompanying decals. I certify, under penalty of law that the information provided on this application is true and correct and I acknowledge that I am aware that all information I provide with any application, except credit card numbers, is a matter of public record and is not considered confidential.

Signature

Date