



CONSUMER AFFAIRS DIVISION
 115 S. Andrews Avenue, Room A460
 Fort Lauderdale, Florida 33301 • 954-357-5350 • FAX 954-765-5309

RENEWAL
 LUXURY **SEDAN** PERMIT,
AIRPORT GROUND TRANSPORTATION PERMIT,
PORT EVERGLADES BUSINESS PERMIT & DECALS

Business Account MC #	Permit Year 2008
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Business <u>Owner</u> Name	
Business Telephone () -	
Business Name <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Business Fax () -
	Cell Telephone () -
d/b/a, if different from Corporation	E-mail Address

Please attach a copy of a current **Business Tax Receipt**.

Vehicle and Permit Information

Luxury Sedan Permit(s) # @ \$200.00 = \$_____.	<ul style="list-style-type: none"> For each vehicle listed below, attach a copy of the vehicle registration and Certificate of Insurance. If listing more than 7 vehicles, you must use the attached list (form #902.07) *If purchasing Port Everglades permit & decal(s), complete page 2.
Renewal Late Fee Starting June 1 st # @ \$ 50.00 = \$_____.	
Inspection Late Fee Starting July 1 st # @ \$ 50.00 = \$_____.	

Airport Sedan Permit(s) # @ \$ 50.00 = \$_____.	
Port Initial Processing @ \$ 200.00 = \$_____.	
Port Annual Business Permit @ \$ 250.00 = \$_____.	
Port Everglades Decal(s) # @ \$ 15.00 = \$_____.	
<i>Note: If aviation permit is paid by other party, than forward a copy of this application to other party. Total = \$_____.</i>	

	Permit #	Vehicle Year	Vehicle Make & Model	Vehicle Vin # (last 6 digits)	Airport Permit	*Port Everglades Decals
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>

Payment Information

Credit Card Payment	Check Payment
Complete a credit card authorization form.	Make Checks Payable to: BROWARD COUNTY COMMISSIONERS

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 my application, except credit card numbers, is a matter of public record and is not considered confidential.

Return this Application to: Broward County Consumer Affairs Division
 115 S. Andrews Avenue, Room A460
 Fort Lauderdale, FL 33301

 Signature Date

OFFICE USE ONLY

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

**PORT EVERGLADES
BUSINESS PERMIT APPLICATION**

Owner	Partner	Director	Officer	Business Owners, Partners, Directors, & Officers Information			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owner Name	Address	Telephone #	Federal ID # or Driver's License #
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Yes **No** *If any YES is checked below, please attach a summary on a separate piece of paper, including individual's name, crime, date of conviction, sentence and any other relative information, including a copy of the judgment or order*

Has any director, officer, owner, or general partner, or a 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?

Has any director, officer, owner, or general partner, or a shareholder, employee, or agent who is active in managing your business been convicted of any felony?

Required Supporting Documents

ATTACH COPIES OF: Certificate of Insurance naming Broward County Board of County Commissioners as Additional Insured (General Liability), current Broward County Occupational License, City Occupational License, Articles of Incorporation, Corporate Certificate and/or Fictitious Name Registration. (Not required if corporation and/or fictitious name previously submitted is the same and active.)

Fee Information

First time applicants / Applicants renewing after June 30	Initial Processing Fee	\$200
New and Renewal Applicants	Annual Business Permit Fee	\$250
Vehicles	Per Vehicle Decal Fee	\$ 15

Vehicle Information

List vehicles on page 1 of this application.

Permit Conditions

1. By accepting this non-exclusive permit, Permittee agrees to comply with all applicable conditions, rules, and regulations contained in Chapter 22 ½ 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 it 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 its execution of this permit, that it 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 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 my application, except credit card numbers, is a matter of public record and is not considered confidential.

Signature

Date

Print Name

Print Title

Broward County Customer Satisfaction Survey

Broward County Government wants YOUR INPUT on the quality of service you received from **CONSUMER AFFAIRS**, during the recent past. Please help us understand any rating of Disagree, Strongly Disagree, Dissatisfied, or Very Dissatisfied by providing an explanation in the comments column.

Your input will help us serve you better! Thank you for your feedback!

Please tell us how you feel.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable	COMMENTS
1. Staff Knowledge - Staff demonstrated thorough knowledge of their business.							
2. Courtesy - Service was provided in a professional and courteous manner.							
3. Cooperation - Staff worked with me to meet my need(s) and solve my problem(s).							
4. Procedures - Forms and procedures were easy to understand and use.							
5. Response Time - The product/service was provided in a reasonable amount of time.							
6. Service Quality - The quality of product/service satisfied my needs.							
7. Convenience - The location and hours of operation met my needs.							
8. Website Services - Website information/services met my needs.							
Please tell us how you feel.	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	No Opinion	COMMENTS
9. Overall Satisfaction - How would you rate your satisfaction with the service overall?							