



**PORT EVERGLADES
BUSINESS PERMIT APPLICATION**

CONSUMER AFFAIRS DIVISION

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

<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application	Business Account # _____	License Year 2008
---	--------------------------	--------------------------

Business Information	
Business Name <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Business Federal ID # _____
d/b/a, if different from Corporation _____	E-mail Address _____
Business Location Address (street, city, state & zip) _____	Business Telephone () - Business Fax () - Cell Telephone () -
Business Mailing Address (street, city, state & zip) _____	Main Contact Person (Name and Direct Phone/email) _____

Business Owners, Partners, Directors, & Officers Information								
	Owner	Partner	Director	Officer	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"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Yes	No	<i>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</i>
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	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?

ATTACH COPIES OF: Owner Driver's License, Certificate of Insurance naming **Broward County Board of County Commissioners** as **Additional Insured** (General Liability), current County Business Tax Receipt (Occupational License), City Business Tax Receipt (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.)

Vehicle Information	
Total number of vehicles to be operated at Port Everglades _____	# _____

FOR EACH VEHICLE OPERATING AT PORT EVERGLADES, ATTACH COPIES OF THE: List of vehicles, vehicle-for-hire operating permit from its county of origin, current vehicle registrations, and certificate of auto liability insurance.

By signing this application form I agree to be bound by the Permit Conditions as set forth on page 2 of this application, 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

OFFICE USE ONLY

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

(OVER)

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 List

	Veh Year	Make/Model	Passenger Capacity #	Vehicle Vin # (last 6 digits)	License Tag #	Office Use	
						Date Issued	New Permit #
1							
2							
3							
4							
5							
6							
7							

If listing more than 7 vehicles, please continue list by attaching a separate list or form #902.06.

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**.

Payment Information

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

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

(OVER)

www.broward.org

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?							