



Environmental Protection and Growth Management Department  
**ENVIRONMENTAL AND CONSUMER PROTECTION DIVISION**  
1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-1700 • broward.org/consumer

## Courtesy Vehicle Operator

### Port Everglades Business Permits and Decals 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 current Corporate/Fictitious Name documents
- A copy of your current Broward County Business Tax Receipt



**Note:** certificates of insurance must indicate adequate insurance coverage and be in full force and effect. The certificates must list **Broward County as a certificate holder** and must provide at least **30 days advance notice of cancellation**. Vehicles with capacity of **less than 9 passengers** must have insurance with minimum limits of **\$125,000/\$250,000/\$50,000**.

Vehicles with capacity of **9-19 passengers** must have insurance with 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 as the certificate holder**.

#### Permit Fees (Non-Refundable)

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

**All permits expire June 30<sup>th</sup>**

#### Payment Methods

- **Credit Card**  
Complete a credit card authorization form.

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



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## Application for Courtesy Vehicle Operator Port Everglades Business Permits and Decals

New Application   
  Renewal Application   
  Adding/Replacing Vehicle   
 Permit Year

Business Information			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Business Account <b>CT#</b>		
Business Name			
DBA Name, if different			
Business Address	City	State	Zip
Business Mailing Address	City	State	Zip
Business Phone	Business Fax	Business Email	
Business Mobile Phone	Business Owner Name		

Permit and Vehicle Information (Fees Non-Refundable)			
Port Initial Processing Fee*	# _____ @	\$200 =	_____
Port Annual Business Permit Fee*	# _____ @	\$250 =	_____
Port Decal Fee*	# _____ @	\$15 =	_____
Special Permit Fee*	# _____ @	\$100 =	_____
Total    \$    _____			

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	Current Permit #	Vehicle Year	Make/Model	Passenger Capacity	Vehicle Vin # (Last 6 digits)	Port Everglades Decal	OFFICE USE ONLY	
							Date Issued	New Permit #
1						<input type="checkbox"/>		
2						<input type="checkbox"/>		
3						<input type="checkbox"/>		
4						<input type="checkbox"/>		
5						<input type="checkbox"/>		
6						<input type="checkbox"/>		
7						<input type="checkbox"/>		
8						<input type="checkbox"/>		

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

Office Use Only **2**

Date Received      Receipt No.      Amount Paid      Processor      License Year

# Port Everglades Business Permit

## Business Owners, Partners, Directors and Officer Information

Owner     Partner     Director     Officer

Name

Federal ID # or Driver License #

Address

Owner     Partner     Director     Officer

Name

Federal ID # or Driver License #

Address

Owner     Partner     Director     Officer

Name

Federal ID # or Driver License #

Address

**Yes    No**

       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?

       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.

## Additional Documentation



**You must provide a copy of your certificate of general liability insurance.**

## Permit Conditions

1. By accepting this non-exclusive permit, permittee agrees to comply with all applicable conditions, rules and regulations contained in Chapter 22<sup>1/2</sup> 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 \_\_\_\_\_

Office Use Only

Date Received \_\_\_\_\_ Receipt No. \_\_\_\_\_ Amount Paid \_\_\_\_\_ Processor \_\_\_\_\_ License Year \_\_\_\_\_