



## CONSUMER PROTECTION DIVISION

1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-1700 • [broward.org/consumer](http://broward.org/consumer)

### Out of County Vehicle Operator Application

#### Port Everglades Business Permits/Decals and Airport Special Permits

Application must be completed prior to appointment, or you may be required to schedule another appointment.

On April 22, 2025, the Broward County Board of County Commissioners approved an amendment to the Motor Carriers (Vehicle for Hire) Ordinance requiring Out of County Vehicles with a seating capacity of nineteen (19) or less passengers to pass an inspection conducted by the Division prior to obtaining a permit for Port Everglades or the Airport (proof of valid inspections conducted by Miami Dade or Palm Beach Counties will be accepted for companies domiciled in those counties).

### 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 must be emailed to [CPInsurance@broward.org](mailto:CPInsurance@broward.org) by your insurance agent. **Please be advised effective January 1st 2025, Certificate of Insurance must be submitted and received from your agent PRIOR to your scheduled appointment time. Failure to do so will result in you having to reschedule your appointment.**
- A copy of current Corporate/Fictitious Name documents
- A copy of your current Business Tax Receipt from your county of origin (AKA "Occupational License")
- A copy of your current vehicle for hire permit and inspection report from your county of origin
- A copy of your current chauffeur's registration from your county of origin



**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 (*service to airport*) ..... **\$150**
- Port Everglades First Time Applicant Initial Processing Fee & Late Renewals..... **\$250**
- Port Everglades Annual Business Permit Fee (*new and renewal applicants*)..... **\$250**
- Port Everglades Vehicle Decal Fee (*per vehicle*) ..... **\$20**

**All permits expire one (1) year after issuance.**

### Payment Methods

- **By mail: Check only**
- **In-person: Check, cash or credit card**

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

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Permit Year

**Business Information**

<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			Business Account <b>AV#</b>	
Business Name				
DBA Name, if different		County of Origin <input type="checkbox"/> Miami-Dade <input type="checkbox"/> Palm Beach		Other:
Business Address		City	State	Zip
Business Mailing Address		City	State	Zip
Business Phone		Business Fax	Business Email (email will be used for all future correspondence)	
Business Mobile Phone		Business Owner Name		

**Permit and Vehicle Information (Fees Non-Refundable)**

Port Initial Processing Fee or Late Fee*	# _____ @ \$250 = _____	
Port Annual Business Permit Fee*	# _____ @ \$250 = _____	Total \$ _____
Port Decal Fee* (per vehicle)	# _____ @ \$20 = _____	
Special Permit Fee (per vehicle)	# _____ @ \$150 = _____	

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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. Email will be used for all future correspondence.

Signature

Date

Office Use Only

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. Email will be used for all future correspondence.**

Signature

Date

Office Use Only

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