



Resilient Environment Department  
**CONSUMER PROTECTION DIVISION**  
1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-1700 • broward.org/consumer

## Taxicab 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 must be emailed to [CPInsurance@Broward.org](mailto:CPInsurance@broward.org) by your insurance agent

A copy of your current Broward County Business Tax Receipt (AKA "Occupational License")

If you are not the certificate holder, a notarized letter of authorization from the certificate holder will be required, authorizing the operator and stating the amount of time authorized to operate



**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**. Certificate of auto liability insurance must minimum limits of **\$125,000/\$250,000/\$50,000**. 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 certificate holder**.

### Permit Fees (Non-Refundable)

- Taxicab Permit Fee.....**\$200**
- Renewal Late Fee (*per certificate*).....**\$50\***  
\*Assessed on payments received on or after June 1<sup>st</sup>
- Port Everglades First Time Applicant Initial Processing Fee & Late Renewals .....**\$200**
- Port Everglades Annual Business Permit Fee (*new and renewal applicants*).....**\$250**
- Port Everglades Vehicle Decal Fee (*per vehicle*) .....**\$15**
- Replacement Fee .....**\$30**
- Wheelchair Accessible Taxicab Permit Fee .....**\$50**

All permits expire June 30<sup>th</sup>. Each vehicle must be inspected by June 30<sup>th</sup> to be permitted to operate during the following year.

### Payment Methods

- By mail: Check only
- In-person: Check or credit card

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



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## Taxicab Permit Application

New Application   
  Renewal Application   
  Adding/Replacing Vehicle   
 Permit Year

### Business Information

Individual   
  Partnership   
  Corporation

Business Name	Business Account <b>MC#</b>		
DBA Name, if different	Business Owner Name		
Business Address	City	State	Zip
Business Mailing Address	City	State	Zip
Business Phone	Business Fax		
Business Mobile Phone	Business Email		

### Permit and Vehicle Information (Expires June 30) (Fees Non-Refundable)

Taxicab Permit(s)	# _____	@	\$200 = _____			
Wheelchair Accessible Taxicab Permit(s)	# _____	@	\$50 = _____			
Renewal Late Fee	# _____	@	\$50 = _____			
Port Initial Processing Fee*	# _____	@	\$200 = _____			
Port Annual Business Permit Fee*	# _____	@	\$250 = _____	Total \$	_____	
Port Decal Fee*	# _____	@	\$15 = _____			
Replacement Fee	# _____	@	\$30 = _____			

\*complete page 3      Taxicab dispatch company these permits will operate under: \_\_\_\_\_

	Current Permit #	Vehicle Year	Make/Model	Passenger Capacity	Vehicle Vin # <i>(Last 6 digits)</i>	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"/>		

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  
 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	
<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.

## 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