





Resilient Environment Department
CONSUMER PROTECTION DIVISION
 One North University Drive, Suite A203, Plantation, Florida 33324

@BrowardChildCareLicensing 
 @BrowardConsumerProtection 

\$400 Entry fee (non-refundable)

March 11 – April 12, 2024

Drawing: May 2, 2024

LOTTERY ENTRY CATEGORIES

(only one entry per person/entry)

WHEELCHAIR ACCESSIBLE TAXI **LUXURY SEDAN**

Wheelchair Accessible Taxi category is open to the public. Winning certificates may not be sold for a period of three (3) years from the date of issuance.

Luxury Sedan category is open to the public. Upon winning, the certificate holder must present, for inspection, a qualified luxury vehicle that you own or lease and intend to operate. Furthermore, certificates may not be sold or leased for a period of three (3) years from the date of issuance.

*The non-refundable lottery application fee is \$400 and may be paid in cash, credit card, or check. Checks are to be made payable to: **Broward County Board of County Commissioners**. Winning permits have an additional one-time **new permit fee of \$1,000** which must be paid within 60 days from the date of the lottery drawing.*

Applicant Information

Yes No **Are you currently a Broward County Certificate Holder?**

(print or type) Individual Partnership Corporation
 Applicant Name (Certificate holder)

Telephone # where you can be reached

() -

Address (street, city, state & zip)

Driver's License #

Exp. Date

/ /

Date of Birth

/ /

Mailing Address (street, city, state & zip)

E-mail Address

Corporation or Partnership				
Business Owners, Partners, Directors, & Officers Information				
Owner	Partner	Director	Officer	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Address
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Telephone #
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOB
<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"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

continue listing by attaching a separate page

ACKNOWLEDGEMENT

It is acknowledged by the applicant that this application shall be investigated by the Broward County Vehicle for Hire Section on behalf of the Director of the Consumer Protection Division or the County Administrator who shall have the authority to require such further investigation or additional information as is deemed necessary to adequately inform the Broward County Commission about the applicant's proposed operations and the public need thereof. It is further understood that in order to be granted a Certificate of Public Convenience and Necessity, the applicant agrees to authorize a criminal background check. In addition, the applicant certifies he/she has read and understands Chapter 22 1/2 of the Broward County Code and if granted a Certificate, will fully comply with its provisions. Applicant also certifies that he/she intends to comply with Section 22 1/2-9C prior to issuance of any certificate or permit.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BROWARD

On this _____ Day of _____, A.D. 20_____, before me personally appeared _____, and executed the foregoing application, who upon oath deposes and says that he/she has read and understands the acknowledgment above and that the information contained in or attached to this application is true and correct.

Personally Known ____ or Identification Produced _____

Signature of Applicant

NOTARY PUBLIC

MY COMMISSION EXPIRES:

OFFICE USE ONLY

Yes	No	N/A	CHECKLIST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed and notarized application/affidavit form.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of Florida driver's license (Must show an address in Broward, Miami-Dade or Palm Beach County and match address on application).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Printout of corporate or fictitious name registration information from Florida Division of Corporations' Internet site (if applicable).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copy of receipt for payment of application fee (Make sure ticket numbers appear on receipt).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicant's name, receipt number, and ticket number(s) entered on spreadsheet .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtained Applicant's telephone number .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All information below is completed.

TICKET NUMBER(S)

- -

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