



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

Luxury Sedan 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 must be emailed to CPInsurance@broward.org by your insurance agent.
- A copy of your current Broward County Business Tax Receipt (AKA "Occupational License")



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)

- Luxury Sedan Permit Fee..... **\$200**
- Renewal Late Fee (*per certificate*)..... **\$50***
*Assessed on payments received on or after June 1st
- 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**

All permits expire June 30th. Each vehicle must be inspected by June 30th 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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Application for Luxury Sedan 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 Name		Business Account MC#	
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)			
Luxury Sedan Permit(s) Renewal	# _____	@ \$200 =	_____
Late Fee	# _____	@ \$50 =	_____
Port Initial Processing Fee or Late Fee (after June 30th)*	# _____	@ \$200 =	_____
Port Annual Business Permit Fee*	# _____	@ \$250 =	_____
Port Decal Fee*	# _____	@ \$15 =	_____
Replacement Fee	# _____	@ \$30 =	_____
Late Inspection Fee	# _____	@ \$50 =	_____
			Total \$ _____

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	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

 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^{1/2} 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