



LUXURY (*stretch*) LIMOUSINE/TRANSPORT VAN,  
 AIRPORT OPERATING PERMITS,  
 PORT EVERGLADES BUSINESS PERMIT & DECALS

PERMITTING, LICENSING, AND CONSUMER PROTECTION DIVISION  
 1 N. University Dr., Box 302 • Plantation, Florida 33324 • 954-765-4400 • FAX 954-765-5309

<input type="checkbox"/> <b>New Application</b> <input type="checkbox"/> <b>Adding/Replacing vehicle</b> <input type="checkbox"/> <b>Renewal Application</b>	<b>Business Account</b> <b>LL #</b>	<b>Permit Year</b> <p style="text-align: center; font-weight: bold;">2011</p>
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<b>Business Name</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation  <b>d/b/a, if different from Corporation</b>  <b>Broward Business Address</b> (street, city, state & zip)  <b>Business Mailing Address</b> (street, city, state & zip)	<b>Business Owner Name</b>  <b>Business Telephone</b> (    )    - <b>Business Fax</b> (    )    - <b>Cell Telephone</b> (    )    -  <b>E-mail Address</b>
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**Vehicle and Permit Information** *(Complete detailed checklist on form # 104)*

- Provide copies of :**
- Vehicle Registration**
  - Broward County Business Tax Receipt**
  - Certificate of Insurance**
  - Corporation/Fictitious Name**
  - Chauffeur's Registration**

- Luxury limousine must:
  1. Have a divider between the driver and passenger areas.
  2. Have a wheelbase that has been modified from original mfr specifications ("stretched").
  3. Accommodate between six (6) and nineteen (19) passengers, other than the driver.
- Transport van must:  
 Accommodate between nine (9) and nineteen (19) passengers, other than the driver
- If listing more than 5 vehicles, you must attach a list or use form 902.09.

Luxury Limousine & Transport Van Permit(s) # ____ @ \$300.00 = \$ _____.  Airport Limousine Permit(s) # ____ @ \$ 50.00 = \$ _____.	
Port Initial Processing Fee (complete pg 2) \$ 200.00 = \$ _____.  Port Annual Business Permit Fee (complete pg 2) \$ 250.00 = \$ _____.  Port Everglades Decal(s) # ____ @ \$ 15.00 = \$ _____. <b>(Complete pg 2)</b> <span style="float: right;">Total = \$ _____.</span>	

Vehicle Year	Vehicle Make & Model	Passenger Capacity #	Vehicle Vin # (last 6 digits)	Port Everglades Decal	Airport Permit	Office Use Only New Permit #
1				<input type="checkbox"/>	<input type="checkbox"/>	
2				<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>	

Payment Information	
<b>Credit Card Payment</b>	<b>Check Payment</b>
Complete a credit card authorization form.	<b>Make Checks Payable to:</b> BROWARD COUNTY COMMISSIONERS

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

Return this Application to:    Permitting, Licensing and Consumer Protection Division  
 1 N. University Dr, Box #302  
 Plantation, FL 33324

OFFICE USE ONLY				
Date Received: _____	Receipt #: _____	Amount Paid: _____	LL# _____	Processor: _____

**PORT EVERGLADES  
BUSINESS PERMIT APPLICATION**

Owner	Partner	Director	Officer	<b>Business Owners, Partners, Directors, &amp; Officers Information</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owner Name	Address	Telephone #	Federal ID # or Driver's License #
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Yes**   **No**   *If any YES is checked below, please attach a summary on a separate piece of paper, including individual's name, crime, date of conviction, sentence and any other relative information, including a copy of the judgment or order*

**Yes**    **No**   Has any director, officer, owner, or general partner, or a 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?

**Yes**    **No**   Has any director, officer, owner, or general partner, or a shareholder, employee, or agent who is active in managing your business been convicted of any felony?

**Required ADDITIONAL Supporting Documents**   *(Complete detailed checklist on form # 104)*

**ATTACH COPY OF:**    Certificate of Insurance (General liability),

**Fee Information**

First time applicants / Applicants renewing after June 30 .....	<b>Initial Processing Fee</b>	<b>\$200</b>
New and Renewal Applicants .....	<b>Annual Business Permit Fee</b>	<b>\$250</b>
Vehicles .....	<b>Per Vehicle Decal Fee</b>	<b>\$ 15</b>

**Vehicle Information**

List vehicles on page 1 of this application.

**Permit Conditions**

1. By accepting this non-exclusive permit, Permittee agrees to comply with all applicable conditions, rules, and regulations contained in Chapter 22 ½ 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 it 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 its execution of this permit, that it 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 above Permit Conditions, 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 my application, except credit card numbers, is a matter of public record and is not considered confidential.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title