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

Print

Motor Vehicle Repair Shop License Application

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

Supporting Documents

You must attach the following supporting documentation to your application:

- A copy of your current Motor Vehicle Repair Registration ("MV Registration") issued by the Florida Department of Agriculture and Consumer Services.
- A copy of your City and County Business Tax Receipts *(if not licensed previously)*
- A copy of your current Broward County Hazardous Material License or other documentation
- A copy of your Garage Liability and Garage Keeper's Legal Liability certificates of insurance
- A copy of your most recent Hazardous Waste Manifest Receipt *(within 6 months)*
- A list of all certified technicians, apprentices, and lube & tire specialists employed by your facility. – Please note: All must be registered with the Division.
- A copy of your Corporate/Fictitious Name documents – **must show "active" status**
  (if your status has changed since your initial application, please provide the appropriate documentation)

Note: Certificates of Insurance must prove adequate insurance coverage, a minimum limit of $50,000 each for Garage Liability and Garage Keepers Legal Liability and be in full force and effect. Certificates must provide a minimum of ten (10) days advance notice of cancellation and the Certificate Holder must be listed as:

Broward County
1 North University Drive, Box 302
Plantation, Florida 33324

Permit Fees (Non-Refundable)

Annual Fees

- Shop License Fee .....**$350** Expires .....September 30
- Lost Card/License Replacement **$20**

Late Fees

- Shop License Renewal Late Fee.....**$30**

Shop Licenses expire September 30; Late fees are assessed after September 30

Payment Methods

- If mailing in or dropping off an application packet, **do not** include your payment. Once your application is processed, an invoice will be emailed to you for paying the appropriate fee. Any payment included with a dropped off or mailed in application will be returned to the applicant.
- Payments for applications submitted during an appointment can be made by cash, check, credit card, or money order.
- Applications emailed to the Division will not be processed and will be discarded.

Return this application with all required documentation to the address above. 3/5/2026

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☐ **New Application** ☐ **Renewal Application**

License Year _____

AR# _____

Business Information

Business Name	Doing Business As		
Business Address	City	State	Zip
Mailing Address	City	State	Zip
Business Phone	Business Fax		
Contact Person Name	Email (email will be used for all future correspondence)		
Contact Person Phone			

Check All That Apply to Your Shop:

☐ **A1** Engine Repair
☐ **A2** Automatic Transmission/Transaxle
☐ **A3** Manual Drive Train and Axles
☐ **A4** Suspension and Steering
☐ **A5** Brakes
☐ **A6** Electrical Systems
☐ **A7** Heating and Air Conditioning
☐ **A8** Engine Performance
☐ Motorcycle Repair

Yes	No	
☐	☐	Does the facility have all equipment required by Broward County's Motor Vehicle Repair Ordinance? (if applicable)
☐	☐	Is the equipment required in the ordinance operational? (if applicable)
☐	☐	Do all technicians and apprentices have a current Broward County Consumer Protection ID Card and/or decal? (if applicable)
☐	☐	Does the facility have current copies of required documents? (i.e. City/County Business Tax Receipt, Hazardous Waste License and Hazardous Waste Manifest)

Permit Information (Fees Non-Refundable)

Shop License Fee (Expires September 30) **#** _____ **@** **$350 =** _____

Lost Card/License Replacement Fee **#** _____ **@** **$20 =** _____

Shop License Renewal Late Fee **#** _____ **@** **$30 =** _____

Total **$** _____

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** _____ ☐ **Corp Active**

Technician Information

Annually, You Must:

✓ List all technicians working in the shop

	AT #	Technician Name	L&T Spec	Apprentice	Certified
1			☐	☐	☐
2			☐	☐	☐
3			☐	☐	☐
4			☐	☐	☐
5			☐	☐	☐
6			☐	☐	☐
7			☐	☐	☐
8			☐	☐	☐
9			☐	☐	☐
10			☐	☐	☐
11			☐	☐	☐
12			☐	☐	☐
13			☐	☐	☐
14			☐	☐	☐
15			☐	☐	☐
16			☐	☐	☐
17			☐	☐	☐
18			☐	☐	☐
19			☐	☐	☐
20			☐	☐	☐
21			☐	☐	☐
22			☐	☐	☐
23			☐	☐	☐
24			☐	☐	☐
25			☐	☐	☐
26			☐	☐	☐
27			☐	☐	☐
28			☐	☐	☐
29			☐	☐	☐
30			☐	☐	☐