

Taxi Permit 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 vehicle registration
- A copy of your current certificate(s) of insurance must be emailed to CPInsurance@Broward.org by your insurance agent. **Please be advised effective January 1st 2025, Certificate of Insurance must be submitted and received from your agent PRIOR to your scheduled appointment time. Failure to do so will result in you having to reschedule your appointment.**
- 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 **\$250**
- Renewal Late Fee (*per certificate*) **\$60***
- *Assessed on payments received on or after June 1st
- Port Everglades First Time Applicant Initial Processing Fee & Late Renewals **\$250**
- Port Everglades Annual Business Permit Fee (*new and renewal applicants*) **\$250**
- Port Everglades Vehicle Decal Fee (*per vehicle*) **\$20**
- Replacement Fee **\$45**
- Wheelchair Accessible Taxicab Permit Fee **\$50**
- Late Inspection Fee **\$60**
- Annual Special Permit Fee (*Airport*) **\$50**

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

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.**
- **Applications that are incomplete or are missing the required documents will not be processed and will be returned to the applicant.**



CONSUMER PROTECTION DIVISION

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

Taxicab Permit Application

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

☐ New Application ☐ Renewal Application ☐ Adding/Replacing Vehicle Permit Year

Business Information

☐ Individual ☐ Partnership ☐ 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 (email will be used for all future correspondence)		

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

Taxicab Permit(s)	#	_____	@	\$250 =	_____	
Wheelchair Accessible Taxicab Permit(s)	#	_____	@	\$50 =	_____	
Renewal Late Fee (per vehicle)	#	_____	@	\$60 =	_____	
Port Initial Processing Fee or Late Fee (after June 30th)*	#	_____	@	\$250 =	_____	
Port Annual Business Permit Fee*	#	_____	@	\$250 =	_____	Total \$ _____
Port Decal Fee* (per vehicle)	#	_____	@	\$20 =	_____	
Replacement Fee (per vehicle)	#	_____	@	\$45 =	_____	
Late Inspection Fee (per vehicle)	#	_____	@	\$60 =	_____	
Annual Special Permit Fee (Airport) (per vehicle)	#	_____	@	\$50 =	_____	

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

	Current Permit #	Vehicle Year	Make/Model	Passenger Capacity	Vehicle Vin # (Last 6 digits)	Port Everglades Decal	OFFICE USE ONLY	
							Date Issued	New Permit #
1						☐		
2						☐		
3						☐		
4						☐		
5						☐		
6						☐		
7						☐		

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 _____ License Year _____

Permit Holder/Operator:

Port Everglades Business Permit

Fees

Port Initial Process Fee or Late Fee (after June 30th) = \$250 Port

Annual Business Permit Fee = \$250

Port Decal Fee = \$20 per vehicle

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.

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. Email will be used for all future correspondence.

Signature

Date