Checklist for a Water Taxi Business Permit

A completed Water Taxi application from our office must be accompanied by the following documents for issuance of a Permit:

□ 1. INITIAL REGISTRATION FEE: $150 - Check, money order, Visa, MasterCard, or Discover payable to the Board of County Commissioners. (CASH WILL NOT BE ACCEPTED.)

□ 2. Coast Guard Certification of Vessel

□ 3. Coast Guard Certification of Captain

□ 4. Florida Vessel registration(s)

□ 5. Palm Beach County Local Business Tax Receipt from the Tax Collector’s Office - available from the following locations:
   - 2976 State Road 15, Belle Glade (PBC Glades Office)
   - 301 N. Olive Avenue, West Palm Beach (Governmental Center)
   - 501 S. Congress Ave, Delray Beach
   - 3188 PGA Blvd., Palm Beach Gardens
   - 200 Civic Center Way, Royal Palm Beach
   - 4215 S. Military Trail, Greenacres (south of Lake Worth Road)

    OR

Municipal Occupational License from the municipality where vessel resides
(Address MUST match the physical address of your business)

□ 6. Articles of Incorporation AND/OR Fictitious Name Registration (whichever is applicable – from the State of Florida), Telephone No. - (850) 488-9000 or www.sunbiz.org

□ 7. Certificate(s) of Insurance –minimum liability requirements:
   a) $1,000,000 general liability;
   b) $1,000,000 marine protection and indemnity insurance;
      (An umbrella policy to expand coverage for limit that your company already has in its existing or underlying, liability policies is acceptable)
   c) The Certificate of Insurance shall list the PBC Board of County Commissioners and each municipality where the company provides Water Taxi Services as additional insured(s);
   d) The Certificate of Insurance shall also list PBC Board of County Commissioners as the certificate holder;
   e) Worker’s compensation and employer’s liability as required by statute;
   f) The Certificate of Insurance must list the insured vessel(s) and operator(s);
   g) Waiver of Subrogation and/or Waiver of Transfer of Rights of Recovery Against Others or its equivalent;
   h) The provider shall agree to deliver Certificate(s) of Insurance immediately following the notification of the award of the revocable license agreement.

Note: The Certificate of Insurance must come directly from the Insurance Agent/Company by fax, email or US Mail

□ 8. Check in the proper amount made payable to Board of County Commissioners of Palm Beach County - Fees are non-refundable - no cash is accepted

□ 9. Signed addendum with specific requirements for park(s) serviced and “Designated Docking Facilities”

□ 10. Color digital or print photograph of vessel(s)

□ 11. Brochure/flyer advertising rates for water taxi service

□ 12. Indemnification agreement
APPLICATION FOR WATER TAXI BUSINESS PERMIT AND VESSEL DECAL

IN ACCORDANCE WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT, THIS APPLICATION MAY BE REQUESTED IN AN ALTERNATIVE FORMAT. PLEASE CONTACT THE DIVISION OF CONSUMER AFFAIRS AT THE ABOVE-REFERENCED TELEPHONE NUMBERS.

INITIAL REGISTRATION FEE: $150

Please pay by check, money order, Visa, MasterCard, or Discover payable to the Board of County Commissioners. (CASH WILL NOT BE ACCEPTED.)

FEES ARE NON-REFUNDABLE

BUSINESS INFORMATION

(1) Please check box below noting present legal status of business.

☐ Sole Proprietorship (Individual or Fictitious Name Ownership) ☐ Partnership ☐ Corporation

NOTE: YOU MUST PROVIDE A STREET ADDRESS. POST OFFICE BOXES OR MAIL DROPS WILL NOT BE ACCEPTED.

NAME OF BUSINESS: ___________________________________________________________

D/B/A: __________________________________________________________________________

If operating under a trade name, please attach a copy of your Fictitious Name Registration with the Florida Department of State.

PHYSICAL ADDRESS: ______________________________________________________________

____________________________________________________________

MAILING ADDRESS: ______________________________________________________________

____________________________________________________________

(1)

IN ACCORDANCE WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT, THIS APPLICATION MAY BE REQUESTED IN AN ALTERNATIVE FORMAT. PLEASE CONTACT THE DIVISION OF CONSUMER AFFAIRS AT THE ABOVE-REFERENCED TELEPHONE NUMBERS.

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NAME OF BUSINESS: ___________________________________________________________

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PHYSICAL ADDRESS: ______________________________________________________________

____________________________________________________________

MAILING ADDRESS: ______________________________________________________________

____________________________________________________________

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BUSINESS INFORMATION

(1) Please check box below noting present legal status of business.

☐ Sole Proprietorship (Individual or Fictitious Name Ownership) ☐ Partnership ☐ Corporation

NOTE: YOU MUST PROVIDE A STREET ADDRESS. POST OFFICE BOXES OR MAIL DROPS WILL NOT BE ACCEPTED.

NAME OF BUSINESS: ___________________________________________________________

D/B/A: __________________________________________________________________________

If operating under a trade name, please attach a copy of your Fictitious Name Registration with the Florida Department of State.

PHYSICAL ADDRESS: ______________________________________________________________

____________________________________________________________

MAILING ADDRESS: ______________________________________________________________

____________________________________________________________

(1)
BUSINESS TELEPHONE (land line): ___________________ FAX NUMBER: ___________________

CELL PHONE NUMBER: ____________________________________________________________

E-Mail Address: __________________________________________________________________

Web Site Address: __________________________________________________________________

(1)(A) **ALL OTHER WATER TAXI BUSINESS NAMES:**

Do you the individual, the partnership or corporation currently operate or have you previously operated under any business names other than the name you are presently using?

_______ YES ________ NO

If YES, please list such names below:

________________________________________________________________________________

________________________________________________________________________________

(1)(B) **BUSINESS INFORMATION (continued):**

If Sole Proprietorship (Individual or Fictitious Name Ownership), please provide the following:

Name: ____________________________________________________________________________

Address: __________________________________________________________________________

________________________________________________________________________________

Work Telephone: _______________________________ Fax: ________________________________

Cell Phone: ___________________________ E-Mail Address: ______________________________

_____________________________ State: _______/_____/______ Date of birth: _______/_____/______

(Driver’s license number) (Exp. date)

**PARTNERSHIP:** Please list all general and limited partners.

Name: (Last, First, MI) __________________________________________________________________

Address: __________________________________________________________________________

City ___________________________ State: _______ Zip________

Work Telephone: (____) __________________________ Fax: ______________________________

Cell Phone: __________________________ E-Mail Address: ______________________________

(2)
BUSINESS INFORMATION (continued):

CORPORATION: Please list all corporate officers and directors

President: ________________________________
Address: _________________________________________________________________
_______________________________________________________________
Work Telephone: ____________  Cell Phone: ____________  Fax: ______________
__________________________________________  State: _____  ____/____/____  ____/____/____
(Driver's license number)  (Exp. date)  (Date of birth)
E-Mail Address: ___________________________  Federal Tax ID: ______________________

Vice President: ________________________________________
Address: _________________________________________________________________
_______________________________________________________________
Work Telephone: ____________  Cell Phone: ____________  Fax: ______________
__________________________________________  State: _____  ____/____/____  ____/____/____
(Driver's license number)  (Exp. date)  (Date of birth)
E-Mail Address: ___________________________

Secretary/Treasurer: __________________________________________
Address: _________________________________________________________________
_______________________________________________________________
Work Telephone: ____________  Cell Phone: ____________  Fax: ______________
__________________________________________  State: _____  ____/____/____  ____/____/____
(Driver's license number)  (Exp. date)  (Date of birth)
E-Mail Address: _______________________________

Director: ________________________________
Address: _________________________________________________________________
_______________________________________________________________
Work Telephone: ____________  Cell Phone: ____________  Fax: ______________
__________________________________________  State: _____  ____/____/____  ____/____/____
(Driver's license number)  (Exp. date)  (Date of birth)
E-Mail Address: _______________________________
(1) (C) BUSINESS OPERATIONS (service location(s) and docking):

Passenger Embarkation: ____________________________________________________________
City ________________________________________________________________

Service/Other Stop(s): ____________________________________________________________
City/Cities: _________________________________________________________________

Passenger Debarkation: __________________________________________________________
City ________________________________________________________________

(1) (D) VESSEL(S) providing Water Taxi Services:

Name(s) of Vessel(s) and/or Vessel(s) State Registration:

________________________________________ Reg. ________________________________
________________________________________ Reg. ________________________________
________________________________________ Reg. ________________________________
________________________________________ Reg. ________________________________
________________________________________ Reg. ________________________________
________________________________________ Reg. ________________________________
________________________________________ Reg. ________________________________
________________________________________ Reg. ________________________________

***If any of the above noted vessel(s) weighs five (5) net tons or greater, a Certificate of Documentation must be submitted with the Certificate of Inspection***
(2) **BUSINESS DISPUTE CONTACT:**

Name: ___________________________________________________________

Telephone: _______________________________________________________

E-Mail Address: ____________________________

(2) **PARTNERSHIP OR CORPORATION DOCUMENTATION:**

PLEASE ATTACH A COPY OF THE FIRM'S PARTNERSHIP AGREEMENT; OR, IF A CORPORATION, A COPY OF YOUR FIRM'S CORPORATION REGISTRATION WITH THE FLORIDA DEPARTMENT OF STATE.

State of Florida Corporation Document Number __________________________

(3) **FICTITIOUS NAME REGISTRATION**

Please attach a copy of the fictitious name affidavit if you are currently doing business under a name other than your true name.

State of Florida Fictitious Name Registration Number: ______________________

(4) **Palm Beach County Local Business Tax Receipt** (formerly Occupational License)

OR

**Municipal Occupational License Receipt From The Municipality Where Vessel Resides**

FAILURE TO HAVE A CURRENT PALM BEACH COUNTY BUSINESS TAX RECEIPT OR MUNICIPAL OCCUPATIONAL LICENSE WILL RESULT IN THE DISAPPROVAL OF YOUR LICENSE APPLICATION UNTIL SUCH TIME THAT A PALM BEACH COUNTY LOCAL BUSINESS TAX RECEIPT IS OBTAINED. THE ADDRESS ON YOUR LOCAL BUSINESS TAX RECEIPT MUST MATCH THE PHYSICAL ADDRESS YOU ARE REGISTERING WITH OUR OFFICE.

(5) **INSURANCE COVERAGE:**

Please have your insurance agent/company fax, e-mail or send by U.S. Mail the required insurance certificate for your business PRIOR TO SUBMISSION OF APPLICATION.

Insurance certificates MUST:

- Provide an endorsement giving 30 days written notice to Palm Beach County Consumer Affairs of any material change, expiration or cancellation of the policy. See Palm Beach County Code, Chapter 17, Article XIV, sec.17-434 – Water Taxi Registration Ordinance
- List each and every vessel’s Florida Identification Number and the name of each insured operator of the vessel(s)
o Worker’s compensation and employer’s liability as required by Statute;
  o Waiver of Subrogation and/or Waiver of Transfer of Rights of Recovery Against Others or its equivalent;
  o At least $1,000,000 in liability insurance for injuries per occurrence or accident.
  o At least $1,000,000 general liability
  o At least $1,000,000 marine protection and indemnity insurance
    (An umbrella policy to expand coverage for limit that your company already has in its existing, or underlying, liability policies is acceptable)

All insurance policies shall be issued by insurance companies licensed and admitted to write Marine Protection and Indemnity liability insurance in the State of Florida.

Insurance Certificate must show Palm Beach County Board of County Commissioners, 50 S. Military Trail, Suite 201, West Palm Beach, FL 33415 as the “certificate holder” and “additional insured”; Additionally, each municipality where services will be provided must be listed as “additional insured”.

(6) (1) SUSPENSION/REVOCATION:

Have you ever had a Water Taxi permit/license suspended or revoked by a government agency? (Please include suspension for expiration of insurance coverage.)

__________ YES  __________ NO

If yes, please provide the following information:

Agency/Location: ______________________________________________________________

Date(s): ______________________________________________________________

Action (license action, judgment, etc.): __________________________________________

(6) (2) CIVIL ACTION OR PENALTY:

Have you/your business, or any of your directors, officers, owners or general partners have or had any unsatisfied civil penalties, judgments or administrative orders in any action brought by Palm Beach County Consumer Affairs, or any government agency, under the requirements of this or a similar Ordinance?

__________ YES  __________ NO

(7) COAST GUARD CERTIFICATION OF VESSEL:

Attach the original Coast Guard Certification for each vessel.

(8) COAST GUARD CERTIFICATION OF CAPTAIN

(9) COPY OF FLORIDA VESSEL REGISTRATION FOR EACH VESSEL

(10) COLOR DIGITAL OR PRINT PHOTOGRAPH OF VESSEL(S)

(11) SIGNED ADDENDUM WITH SPECIFIC REQUIREMENTS FOR PARK(S) SERVICED

(12) COPY OF BROCHURE ADVERTISING RATES FOR WATER TAXI SERVICE

(6)

12/2018 rev.
Agreement for Water Taxi Business Application

As the owner, partner or corporate officer of this Water Taxi company:

1. I agree to abide by the conditions and requirements of the Palm Beach County Code, Chapter 17, Article XIV – Water Taxi Registration Ordinance.

2. I attest that all operators of the Water Vessel have been approved by a commercial automobile liability insurer.

3. I attest that all Vessels registered with the Division have the required liability insurance.

4. I understand my company is required to notify the Division, in writing, immediately but no later than 10 business days from the date of any change in advertised rates.

5. I agree to follow the local rules of each docking facility.

6. This application is true and correct to the best of my knowledge and belief.

I have fully read and completed the application for a Water Vessel business permit through the Palm Beach County Consumer Affairs Division.

I acknowledge that omissions or false statements will be grounds for revocation, suspension or non-issuance of the Water Vessel permit and decals.

Signed: ______________________________ Date: ________________________
(Owner, partner, or corporate officer)

Print Name: _____________________________ Title: ________________________
(Owner, partner, or corporate officer)
Water Taxi
Provider Indemnification Agreement

In order to obtain a revocable license from Palm Beach County for the provision of Water Taxi services, all providers must execute an indemnification agreement that meets Palm Beach County Code, Chapter 17, Article XIV – Water Taxi, Section 17-436—Indemnification.

1. To the fullest extent permitted by laws and regulations, the Provider shall indemnify, defend, save and hold harmless, Palm Beach County, its officers, agents and employees from any and all claims, damages, losses, liabilities and expenses, direct indirect or consequential arising out of, or in consequence of the services furnished by, or the operations of the Provider, or its subcontractors, agents, officers, employees or independent subcontractors pursuant to the performance of the license agreement.

2. To the fullest extent permitted by laws and regulations, the Provider shall indemnify, defend, save and hold harmless, any municipality which has a Designated Docking Facility where Provider intends to dock and operate its Water Taxi services, the municipality's officers, agents and employees from any and all claims, damages, losses, liabilities and expenses, direct indirect or consequential arising out of, or in consequence of the services furnished by, or the operations of the Provider, or its subcontractors, agents, officers, employees or independent subcontractors pursuant to the performance of the License Agreement.

3. Provider shall pay all losses, claims, liens, settlements, or judgments of any nature whatsoever in connection with the foregoing indemnification, including but not limited to, reasonable attorney's fees (including appellate attorneys' fees and costs).

4. Palm Beach County and each affected municipality reserves the right to select its own counsel to conduct any defense in any such proceedings and all costs and fees associated therewith shall be the responsibility of the Provider under the indemnification agreement set forth herein. Nothing contained herein is intended nor shall it be construed to waive Palm Beach County's or an affected municipality's rights and immunities under the common law or F.S. § 768.28, as amended from time to time.

By signing below, I agree to the term and conditions of the Provider Indemnification Agreement.

Signed:_________________________________________Date:________________________

Printed Name:______________________________________Title:_______________________
AUTHORIZATION FOR PAYMENT BY CREDIT CARD

If you wish to pay by credit card, complete the “Authorization for payment by Credit Card” in its entirety.

**TYPE OF CREDIT CARD:** (Please X type of credit card payment)

- □ VISA
- □ MASTERCARD
- □ DISCOVER

Issuer of Credit Card (Example: Capital One, Wachovia, Bank of America, etc.):

________________________________________________________________________

Name on Credit Card: ______________________________________________________

Must match name on credit card

CREDIT CARD #: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

EXPIRATION DATE: __ __ / __ __

Mo. Yr.

Amount: ($) __ __ __ __. __ __

☐ Driver’s Permit/I.D.

Signature of Card Holder: ____________________________________________________