



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 Water Taxi
- 3. Coast Guard Certification of Captain
- 4. Florida Water Taxi registration(s)
- 5. **Palm Beach County Local Business Tax Receipt from the Tax Collector's Office** - available from the following locations:
 - 301 N. Olive Ave, 3rd Floor, West Palm Beach (Governmental Center)
 - 501 S. Congress Ave, Delray Beach
 - 3188 PGA Blvd., Palm Beach Gardens
 - 200 Civic Center Way, Royal Palm Beach
 - 3551 S. Military Trail, West Palm Beach (south of 10th Ave N)

OR

Municipal Occupational License from the municipality where the Water Taxi 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:
 - 1) \$1,000,000 general liability
 - 2) \$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)
 - 3) The Certificate of Insurance shall list the PBC Board of County Commissioners and each municipality where the company provides Water Taxi Services as certificate holder(s) and as additional insured(s).
 - 4) Worker's compensation and employer's liability as required by statute
 - 5) The Certificate of Insurance must list the insured water taxi(s) and operator(s)
 - 6) The provider shall agree to deliver Certificate(s) of Insurance immediately following 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 water taxi(s) 11. Brochure advertising rates for water taxi service

Each Provider shall sign an indemnification agreement, which indemnifies both the County and each municipality where the Provider provides Water Taxi Services before a decal is issued.



PALM BEACH COUNTY, FLORIDA
 BOARD OF COUNTY COMMISSIONERS
 DIVISION OF CONSUMER AFFAIRS
 50 South Military Trail, Suite 201
 West Palm Beach, FL 33415
 (561)712-6600 (Main Office)
 1-888-852-7362 (Boca, Delray, Glades)
 www.pbcgov.com/consumer

**APPLICATION FOR WATER TAXI BUSINESS PERMIT
 AND WATER TAXI 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: _____

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: _____ /_____/_____
(Driver's license number) (Exp. date) (Date of birth)

PARTNERSHIP: Please list all general and limited partners.

Name: (Last, First, MI) _____

Address: _____

City _____ State: _____ Zip _____

Work Telephone: () _____ Fax: _____

Cell Phone: _____ E-Mail Address: _____

(1)(B) **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 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 WATER TAXI 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 OFIFCE.

(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, Section 17-434

- List each and every Water Taxi's Florida Identification Number and the name of each insured operator of the Water Taxi(s)
- **At least \$1,000,000 in liability insurance for injuries per occurrence or accident.**
- **At least \$1,000,000 general liability**
- **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, and each municipality where the company provides Water Taxi Services as certificate holder(s), 50 S. Military Trail, Suite 201, West Palm Beach, FL 33415 as a "Certificate Holder" on your insurance certificate (for notification purposes).

(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 WATER TAXI:**
Attach the original Coast Guard Certification for each Water Taxi.
- (8) COAST GUARD CERTIFICATION OF CAPTAIN**
- (9) COPY OF FLORIDA VESSEL REGISTRATION FOR EACH WATER TAXI**
- (10) COLOR DIGITAL OR PRINT PHOTOGRAPH OF WATER TAXI(S)**
- (11) SIGNED ADDENDUM WITH SPECIFIC REQUIREMENTS FOR PARK(S) SERVICED**
- (12) COPY OF BROCHURE ADVERTISING RATES FOR WATER TAXI SERVICE**



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 Taxi have been approved by a commercial automobile liability insurer.
3. I attest that all Water Taxis 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 Taxi 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 Taxi permit and decals.

Signed: _____ **Date:** _____
(owner, partner, or corporate officer)

Print Name: _____ **Title:** _____
(owner, partner, or corporate officer)



**Palm Beach County
Consumer Affairs Division**

50 South Military Trail, Suite 201
West Palm Beach, FL 33415
Phone: (561) 712-6600 Fax: (561) 712-6610

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

AUTHORIZATION FOR PAYMENT BY CREDIT CARD

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: _____