



## Checklist for **NEW** **Moving Company**

**A completed application must be accompanied by the following documents:**

### 1. **Insurance**

(a) Certificate of insurance for **Auto Liability** and **Cargo Liability**

#### **Auto Liability -**

**Vehicle gross weight of less than 26,000 pounds:** \$100,000 combined single limit **OR** \$100,000 for bodily injury per person, \$300,000 bodily injury per accident, \$100,000 property damage per accident

**Vehicle Gross Weight of 26, to 43,999 pounds:** \$250,000 combined single limit **OR** \$250,000 bodily injury per person, \$500,000 bodily injury per accident, \$250,000 property damage per accident

**Vehicle gross weight of 44,000 pounds or more:** \$1,000,000 **OR** \$500,000 bodily injury per person, \$250,000 bodily injury per accident, \$500,000 property damage per accident

**Cargo Liability:** A minimum of \$50,000 per shipment. Cargo valuation insurance must be at the rate of \$0.60 per pound per article.

(b) Certificate of insurance for **workers' compensation insurance** coverage, or letter stating that the business employs fewer than four employees and is therefore permitted by law to elect not to secure workers' compensation insurance.

The Certificate of insurance must have the following listed as a **certificate holder**:

PBC Consumer Affairs Division  
50 S. Military Trail, Ste 201  
West Palm Beach, FL 33415

**The certificate of insurance must show in the cancellation section, 30 days written notice of any material change, expiration or cancellation of the policy.**

2. Copies of **Vehicle Registrations** for all vehicles you are registering with Consumer Affairs.
3. Copy of **Intrastate Registration Certificate** obtained from the **Department of Agriculture and Consumer Services**
4. **Articles of Incorporation OR Fictitious Name Registration** (whichever is applicable – from the State of Florida), (850) 488-9000 or [www.dos.state.fl.us](http://www.dos.state.fl.us)
5. **Palm Beach County Local Business Tax Receipt** from the Tax Collector's Office (561) 355-2264 ([www.pbcgov.com/tax](http://www.pbcgov.com/tax)) available from the following locations:  
301 N. Olive Ave, 3<sup>rd</sup> Floor, West Palm Beach (Governmental Center)  
3188 PGA Blvd., Palm Beach Gardens  
501 S. Congress Ave, Delray Beach  
3551 S. Military Trail, West Palm Beach (south of 10<sup>th</sup> Ave N)  
200 Civic Center Way, Royal Palm Beach
6. Copy of the **Standard Household Moving Company Disclosure Form** and **Bill of Lading Form** with business name, address, phone and fax number, and Palm Beach County moving business permit number as required by Moving Ordinance 2005-007

**Fees: No cash is accepted – Only- Check/Money Order/Visa or MasterCard**

\$750.00 – Business Fee

\$ 10.00 – Decal fee per vehicle

\$ 10.00- Temp decal per vehicle



Palm Beach County, Florida  
 Board of County Commissioners  
 Public Safety Department  
**Consumer Affairs Division**  
 50 South Military Trail, Suite 201  
 West Palm Beach, FL 33415  
 (561) 712-6600 (Main Office)  
 Boca/Delray/Glades Toll Free 888-852-7362  
 Fax: (561) 712-6610  
**Web Site: www.pbcgov.com/consumer**

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.

## Application for Moving Business Operating Permit

Annual Non-refundable Moving Business Permit Fee \$750.00  
 Annual Non-refundable Moving Vehicle Decal Fee \$10/vehicle  
 Annual Non-refundable Moving Vehicle Decal Fee for Temp decal \$10.00

*Please pay by check, money order, Visa, Master Card or Discover  
 Payable to the Board of County Commissioners*

Total amount enclosed for Permit and Decals: \$ \_\_\_\_\_

Decals Requested: Total Company Vehicles \_\_\_\_\_ Total Temporary Use Vehicles \_\_\_\_\_

### PLEASE TYPE OR PRINT IN INK

**PLEASE NOTE: Failure to provide the requested information and documentation will result in a processing delay and the disapproval of your permit application until such time that the requested information has been provided.**

**A. Moving Business Information**

Name of Business (for which the license is being requested): \_\_\_\_\_

Doing business as (D/B/A): \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business phone: (\_\_\_\_) \_\_\_\_\_ FAX No.:(\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web site address: \_\_\_\_\_

Business Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Dispute Contact:** (Person for the public to contact should there be a consumer dispute with your business)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work telephone: (\_\_\_\_) \_\_\_\_\_ Contact fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Year your business was established and has been operating continuously since: \_\_\_\_\_

**Designated Representative Agent:** A moving business permitted to operate pursuant to the Palm Beach County Code, Chapter 17 – Article VIII shall designate and maintain an agent in the State of Florida for service of process:

**Agent** - Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business phone: (\_\_\_\_) \_\_\_\_\_ FAX No.: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Federal tax identification number: \_\_\_\_\_

**B. Business Ownership Information:** Please complete only one of the three sections below - the one that describes your type of business organization. Please note; a Post Office Box will not be accepted as a business or home address. Please check box noting present legal status of moving company.

Sole Proprietorship (Individual) - **complete Section 1** (Page 2)

Partnership - **complete Section 2** (Pages 3-4)

Corporation - **complete Section 3** (Pages 4-5)

**Section 1 - Sole Proprietorship (Individual) Owner** (Not a partnership or corporation):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Doing Business As (D/B/A) \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business phone: (\_\_\_\_) \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal tax identification number: \_\_\_\_\_

## **Section 2 - Partnership:**

Name of Partnership: \_\_\_\_\_

Doing Business As (D/B/A): \_\_\_\_\_

Date of formation: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business phone: (\_\_\_\_) \_\_\_\_\_ FAX No: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### **a. General Partners: (Use additional paper, if necessary)**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal tax identification number: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal tax identification number: \_\_\_\_\_

### **b. Limited Partners: (Use additional paper, if necessary)**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal tax identification number: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal tax identification number: \_\_\_\_\_

### **Section 3 - Corporation:**

Corporate name: \_\_\_\_\_

Doing Business As (D/B/A): \_\_\_\_\_

Date incorporated: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Main Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX No. (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### **Corporate Officers:**

1. **President:** \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX No. (\_\_\_\_) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal tax identification number: \_\_\_\_\_

2. **Vice President:** \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX No. (\_\_\_\_) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal tax identification number: \_\_\_\_\_

3. **Secretary:** \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX No. (\_\_\_\_) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal tax identification number: \_\_\_\_\_

4. **Other Officer** (Use additional paper if necessary): \_\_\_\_\_

Name: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX No. (\_\_\_\_) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal tax identification number: \_\_\_\_\_

**C. Partnership or Corporation Documentation:**

Is your firm qualified to do business in the State of Florida?

YES  NO

**Please attach a copy of the firm's partnership agreement or articles of incorporation, AND State of Florida corporate registration if you are applying as a partnership or corporation. Failure to provide the requested information and documentation will result in the disapproval of your operating permit until such time that the requested information has been provided to this office.**

**D. Palm Beach County Business Tax Receipt:**

**Please attach a copy of your current Palm Beach County Business Tax Receipt. Failure to have a current Palm Beach County Business Tax Receipt will result in the disapproval of your operating permit until such time that it is obtained.**

**E. Trade Names:**

Do you (individual), the partnership or corporation currently operate or have previously operated under any trade name other than your true name?  YES  NO

If yes, please list such names below:

Current trade name: \_\_\_\_\_

Previous trade names: \_\_\_\_\_

**F. Fictitious Name:**

**Please attach a copy of the fictitious name affidavit if you are currently doing business under a name other than your true name. Failure to provide the requested information and documentation will result in the disapproval of your operating permit until such time that the requested information has been provided to this office.**

State of Florida Fictitious Name Registration Number: \_\_\_\_\_

**G. Other Moving Business Permit Information:**

1. Please provide the following information concerning your Florida State Department of Agriculture and Consumer Services Registration:

Registration Number: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

**Please provide copy of registration.**

2. Is your company registered with the Federal Motor Carrier Safety Administration to do interstate household moves?  YES  NO

If yes, what is your Federal DOT number: \_\_\_\_\_

3. Do you (individual), the partnership or corporation currently have or have applied for a moving operating permit/license with any another government agency? (i.e., Broward or Dade County)  YES  NO

If yes, please provide the following information: (Use additional paper if necessary)

Other agency: \_\_\_\_\_

Agency address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business phone: (\_\_\_\_) \_\_\_\_\_ FAX No.:(\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Currently licensed?  YES  NO License No. \_\_\_\_\_

4. Please list all persons with an ownership interest in your firm who have been previously denied a moving operating permit/license by any government regulatory agency  
 None

Name: \_\_\_\_\_

Interest in firm: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Date denied: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_

5. Have you ever had a moving operating permit/license suspended or revoked by a government agency, or do you have any unsatisfied judgments or civil penalties arising out of the activity of a moving business?  YES  NO

If yes, please provide the following information:

Jurisdiction: \_\_\_\_\_

Date(s): \_\_\_\_\_

Action (license action, judgement, etc.): \_\_\_\_\_

#### H. Local Agents For:

Provide the name and address for any van line affiliation and/or any interstate carrier for which you are an agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-Mail address of affiliated company: \_\_\_\_\_

Web site address of affiliated company \_\_\_\_\_



**I. Days and Hours of Operation**

List the days and hours your business office is open to the public (exclusive of holidays):  
**Check if not open on that day**

Sunday:	From _____	to _____	[ ]
Monday:	From _____	to _____	[ ]
Tuesday:	From _____	to _____	[ ]
Wednesday:	From _____	to _____	[ ]
Thursday:	From _____	to _____	[ ]
Friday:	From _____	to _____	[ ]
Saturday	From _____	to _____	[ ]

**J. Previous Moving Business Associations**

List the names of any other corporation, entity or trade name through which any owner, general partner, director or officer did business as a mover within the past five years:

Person's name: \_\_\_\_\_ Moving company \_\_\_\_\_  
Address: \_\_\_\_\_ When: \_\_\_\_\_

Person's name: \_\_\_\_\_ Moving Company: \_\_\_\_\_  
Address: \_\_\_\_\_ When: \_\_\_\_\_

Person's name: \_\_\_\_\_ Moving Company: \_\_\_\_\_  
Address: \_\_\_\_\_ When: \_\_\_\_\_

(Use additional paper if necessary)

**K. Insurance Requirements**

Please attach the following required insurance certificates/proof to this application. Insurance policies must provide an endorsement providing for 30 days written notice to Palm Beach County Consumer Affairs of any material change, expiration or cancellation of the policy.

- Valuation coverage at the rate of sixty cents (\$0.60) per pound per article.
- Cargo legal liability of no less than Fifty Thousand Dollars (\$50,000.00) per shipment.
- Motor vehicle combined bodily liability insurance and property damage liability insurance as follows: a) \$100,000 per occurrence for each commercial motor vehicle weighing less than 26,000 pounds, b) \$250,000 per occurrence for each commercial motor vehicle weight of at least 26,000 but less than 44,000 pounds and c) \$1,000,000 per occurrence for each commercial motor vehicle weighing 44,000 or more.
- Proof of workers' compensation insurance coverage required by Chapter 440, Florida Statutes, a state certificate of exemption or a letter indicating that no such workers'

compensation is required by law.

**L. Vehicle Identification**

Make/Model/Year	Vehicle I.D. Number	Vehicle Tag Number	Expiration Date	Gross weight
Make/Model/Year	Vehicle I.D. Number	Vehicle Tag Number	Expiration Date	Gross weight
Make/Model/Year	Vehicle I.D. Number	Vehicle Tag Number	Expiration Date	Gross weight
Make/Model/Year	Vehicle I.D. Number	Vehicle Tag Number	Expiration Date	Gross weight
Make/Model/Year	Vehicle I.D. Number	Vehicle Tag Number	Expiration Date	Gross weight
Make/Model/Year	Vehicle I.D. Number	Vehicle Tag Number	Expiration Date	Gross weight
Make/Model/Year	Vehicle I.D. Number	Vehicle Tag Number	Expiration Date	Gross weight
Make/Model/Year	Vehicle I.D. Number	Vehicle Tag Number	Expiration Date	Gross weight
Make/Model/Year	Vehicle I.D. Number	Vehicle Tag Number	Expiration Date	Gross weight
Make/Model/Year	Vehicle I.D. Number	Vehicle Tag Number	Expiration Date	Gross weight

(Use additional paper if necessary)

**Number of Vehicle Decals being requested at \$10/each:** \_\_\_\_\_

**Number of Vehicle Decals being requested for temporary use vehicles at \$10/each:** \_\_\_\_\_

**M. Employees:** List the total number of employees working for your moving business: \_\_\_\_\_

**N. Branch Offices:**

Please provide information on all branch offices you own or operate:

1. \_\_\_\_\_  
 Name/Address (City) (State) (Zip Code)  
 Area Code/Telephone Number Name of manager
2. \_\_\_\_\_  
 Name/Address (City) (State) (Zip Code)  
 Area Code/Telephone Number Name of manager
3. \_\_\_\_\_

Moving Business Operating Permit Application  
Palm Beach County Consumer Affairs Division

Name/Address (City) (State) (Zip Code)

Area Code/Telephone Number

Name of manager

**O. Storage Facilities:**

Please provide information on all storage/warehouse facilities you own, operate, lease or use:

1.

Name/Address City State Zip Code

Area Code/Telephone Number Name of contact person

2.

Name/Address City State Zip Code

Area Code/Telephone Number Name of contact person

**P. Moving Vehicles Location:**

Are vehicles located at a different address than your business? [ ] Yes [ ] No

If yes, give full address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Q. Contract for Service/Bill of Lading – attach copy of the standard Contract for Service/Bill of Lading you will be using in Palm Beach County.**

**R. Forms of Payment for Services**

Which forms of payment do you accept for moving services? (At least 2 are required)

Cash, cashier's check, money order, traveler's check

Personal Check

Credit Card (including Visa and MasterCard)



## Agreement and Information for Florida Department of Law Enforcement

As the owner, partner or chief corporate officer of this moving company:

1. I agree to abide by the conditions and requirements of the Palm Beach County Code, Chapter 17 – Article VIII.
2. Neither I nor any of the officers or partners of this company have been convicted of a felony within the last ten years (10), of a crime involving fraud, theft or dishonest dealings involving transportation and/or storage of household goods for compensation. I am also not acting as an ultimate equitable owner for someone who has been convicted of any of these crimes within the past ten (10) years.
3. I agree to report to Palm Beach County Consumer Affairs any changes in address or location and any change in executive officers within thirty (30) days of the change.
4. This renewal application is true and correct to the best of my knowledge and belief.

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

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(individual, partner, or corporate officer)

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:**  Female  Male **Height:** \_\_\_\_\_

**Race:**  White  Black  American Indian or Alaskan  Asian or Pacific Islander

Unknown (Note: Indicate Hispanic persons as white or black based on skin color)



**PALM BEACH COUNTY**  
**PUBLIC SAFETY DEPARTMENT**  
*Enhancing the safety and well-being of our community*  
**CONSUMER AFFAIRS**  
 50 South Military Trail  
 Suite 201  
 West Palm Beach, FL 33415  
 561-712-6600  
 Fax: 561-712-6610

**Credit Card Authorization Form**

<b>Credit Card Information</b>			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____			
Card Number ( <b>LAST 4 DIGITS ONLY</b> ): _____ Once the completed form is received, customer will be contacted to provide the 12 digits from card number over the phone and the 3 digit CVV#.			
Expiration Date (mm/yy): _____			
Billing Address: _____			
City/State/Zip: _____			

I, \_\_\_\_\_, authorize the use of the credit card below for payment in full of \$\_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_  
 Customer Signature Date

Cardholder Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_