



Checklist

Immobilization Company Business Permit Application

A completed "Immobilization Business Application" must be accompanied by the following documents:

1. **Palm Beach County Local Business Tax** receipt from the Tax Collector's Office (561) 355-2264 (www.pbctax.com) available from the following locations:
 - 301 N. Olive Ave, 3rd Floor, West Palm Beach (Governmental Center)
 - 3188 PGA Blvd., Palm Beach Gardens
 - 501 S. Congress Ave, Delray Beach
 - 4215 S. Military Trail, Greenacres
 - 200 Civic Center Way, Royal Palm Beach
2. **Articles of Incorporation OR Fictitious Name Registration OR partnership agreement** (whichever is applicable – from the State of Florida), (850) 488-9000 or www.dos.myflorida.com/sunbiz
3. **Insurance - PLEASE NOTE:** Certificate of insurance must be provided to this office directly from the Insurance Company/Agent by fax, email or US mail **prior to submission of your Business Permit application.**
 - a) Certificate of insurance for **Property Damage Liability Coverage (per occurrence) \$50,000**
 - b) Certificate of insurance for **Workers' Compensation** insurance coverage, or provide a signed Worker's Compensation Compliance letter.

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

**Board of County Commissioners of Palm Beach County
c/o Division of Consumer Affairs
50 South Military Trail, Suite 201
West Palm Beach, FL 33415**

4. **Florida Department of Law Enforcement (FDLE)** form must be completed by appropriate owner(s), partners and/or corporate officers having 25 percent or greater ownership of the company.

FEES ARE NON-REFUNDABLE

Payment of Fees: No cash accepted –Check/Money Order/Visa, MasterCard or Discover Card.

Payment made by check is electronically withdrawn from your account at time when check is presented for payment.

Annual Application Fee for companies performing immobilization services - \$400
Florida Department of Law Enforcement (FDLE) Background Check Fee - \$24

Late Fee:

- | | |
|---|-------|
| 1. Late up to 30 days | \$75 |
| 2. Late up to 31 – 60 days | \$100 |
| 3. Late 61 days and up to 1 year from date of expiration..... | \$150 |

Proration of IMMOBILIZATION Decal Fee will occur after 6 months into the Licensing Year at 50%.

NOTE: License Year runs from January 1st – December 31st



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 1-888-852-7362
Fax: (561) 712-6610
Website: www.pbcgov.com/consumer

APPLICATION
IMMOBILIZATION OPERATING PERMIT

In accordance with the provisions of the Americans with Disabilities Act, this application may be requested in an alternative format. Please contact the Consumer Affairs Division.

Annual Business Application Fee for Immobilization Business..... \$400
Florida Dept. of Law Enforcement fee.....\$24*

*For each individual owner, corporate president or general/limited partners and corporate officers / directors having 25 percent or greater ownership of the company. Each described person must complete attached (FDLE) Florida Department of Law Enforcement form. The FDLE background check is normally required once every two years.

Please Type or Print In Ink

Amount Due

Annual Business Application Fee for Immobilization \$400..... _____

FDLE Fee(s) @ \$24 [*For owner/president/partner(s)] \$24 x Owner/partners _____

TOTAL AMOUNT ENCLOSED: \$_____

- **Make check or money order payable to the Board of County Commissioners
(CASH NOT ACCEPTED).**
- **Visa, MasterCard or Discover credit cards are also accepted for payment.**

ALL FEES ARE NON – REFUNDABLE

PLEASE NOTE: Failure to provide the requested information and documentation will result in a processing delay and a licensing status of INCOMPLETE until such time that the requested information has been provided.

A. Immobilization Business Information

Name of Business: _____
Doing Business As: _____
Physical Address of Business; _____
City: _____ State: _____ Zip code: _____
Business phone: (____) _____ Fax: (____) _____
Email Address: _____
Web site address: _____
Business Mailing Address (if different): _____
City: _____ State: _____ Zip code: _____
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 Immobilization company.

- ☐ Sole Proprietorship (Individual) - **complete section 1 only** (Page 2)
☐ Partnership - **complete section 2 only** (Pages 2-3)
☐ Corporation - **complete section 3 only** (Pages 3-4)

Section 1. SOLE PROPRIETORSHIP (INDIVIDUAL) OWNER (Not a partnership or corporation):

Last Name: _____ First Name: _____ M.I. _____
Home address: _____
City: _____ State: _____ Zip code: _____
Phone: (____) _____ Cell: (____) _____
Fax: (____) _____
E-Mail Address: _____
Driver's License No.: _____ State: _____ Exp. Date: _____

Section 2. PARTNERSHIP:

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: _____
Phone: (____) _____ Cell: (____) _____
Fax: (____) _____
Driver's License: _____ State: _____ Exp. Date: _____

2. Last Name: _____ First Name: _____ M.I. _____
Percent of Ownership: _____ %
E-Mail Address: _____
Home address: _____
City: _____ State: _____ Zip code: _____
Phone: (____) _____ Cell: (____) _____
Fax: (____) _____
Driver's License: _____ State: _____ Exp. Date: _____

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: _____
Phone: (____) _____ Cell: (____) _____
Fax: (____) _____
Driver's License: _____ State: _____ Exp. Date: _____

2. Last Name: _____ First Name: _____ M.I. _____
Percent of Ownership: _____ %
E-Mail Address: _____
Home address: _____
City: _____ State: _____ Zip code: _____
Phone: (____) _____ Cell: (____) _____
Fax: (____) _____
Driver's License: _____ State: _____ Exp. Date: _____

Section 2. CORPORATION: (Use additional paper if necessary)

Corporate Officers:

President: _____

Percent of Ownership: _____ %
E-Mail Address: _____
Home address: _____
City: _____ State: _____ Zip code: _____
Phone: (____) _____ Cell: (____) _____
Fax: (____) _____
Driver's License: _____ State: _____ Exp. Date: _____

Vice President: _____

Percent of Ownership: _____%

E-Mail Address: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Phone: (____) _____ Cell: (____) _____

Fax: (____) _____

Driver's License: _____ State: _____ Exp. Date: _____

Secretary: _____

Percent of Ownership: _____%

E-Mail Address: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Phone: (____) _____ Cell: (____) _____

Fax: (____) _____

Driver's License: _____ State: _____ Exp. Date: _____

Director: _____

Percent of Ownership: _____%

E-Mail Address: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Phone: (____) _____ Cell: (____) _____

Fax: (____) _____

Driver's License: _____ State: _____ Exp. Date: _____

Registered Agent: _____

Percent of Ownership: _____%

E-Mail Address: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Phone: (____) _____ Cell: (____) _____

Fax: (____) _____

Driver's License: _____ State: _____ Exp. Date: _____

C. Partnership or Corporation Documentation:

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.

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 business name other than the name you are presently using?

☐ YES ☐ NO

If yes, please list such names: _____

F. Fictitious Name

Please attach a copy of the Fictitious Name Registration 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.

State of Florida Fictitious Name Registration Number: _____

G. Administrative or Enforcement Actions

Do you (including owner(s), partners with 25% or more ownership, corporate president) or does your company have a record of any unsatisfied civil fines or penalties arising out of an administrative or enforcement action brought by the Palm Beach County Consumer Affairs Division, another governmental agency, or a private person based upon conduct involving a violation of Palm Beach County Chapter 19 – Article VIII or other Immobilization regulations?

☐ YES ☐ NO

If "YES",
explain: _____

H. Pending Legal Action

Do you (including owner(s), partners with 25% or more ownership, corporate president) or does your company have a record of any pending criminal, administrative, or enforcement proceedings in any jurisdiction based upon conduct involving a violation of Palm Beach County Chapter 19 – Article VIII or other Immobilization regulations?

☐ YES ☐ NO

If "YES",
explain: _____

I. Judgments

Is there any judgment against you (including owner(s), partners with 25% or more ownership, corporate president) or your company arising out of the activity of recovery, Immobilization or removing a vehicle/vessel or providing storage in connection therewith remains unsatisfied, unless a stay or reversal of the judgement has been procured through the courts?

[] YES [] NO

If "YES",
explain: _____

J. 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: _____

K. Days and Hours of Operation

List the days and hours your business office(s) is open to the public (exclusive of holidays):

Sunday: From _____ to _____ Total staff: _____

Monday: From _____ to _____ Total staff: _____

Tuesday: From _____ to _____ Total staff: _____

Wednesday: From _____ to _____ Total staff: _____

Thursday: From _____ to _____ Total staff: _____

Friday: From _____ to _____ Total staff: _____

Saturday: From _____ to _____ Total staff: _____

L. Previous Immobilization Business Associations (If applicable)

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

Person's name: _____

Immobilization Company: _____

Address: _____

When: _____

Person's name: _____

Immobilization Company: _____

Address: _____

(Use additional sheets if necessary)

M. Insurance

Please have **your insurance company/agent** fax, e-mail or send by U.S. Mail the required certificate of insurance for your business **PRIOR TO SUBMISSION OF APPLICATION**. All insurance policies must be issued by companies authorized and qualified to do business in the State of Florida. No policy shall be accepted which is less than a six (6) month duration.

Insurance certificate **MUST:**

- 1) Be endorsed to provide for thirty (30) days written notice to the Division of any non-renewal of the policy or at least ten (10) days written notice to the Division of any cancellation/non-payment of the policy (Palm Beach County Chapter 19 – Article VIII, Section 19-187)
- 2) The certificate of insurance must contain the following name and address as Certificate Holder:

Board of County Commissioners of Palm Beach County
c/o Division of Consumer Affairs
50 South Military Trail, Suite 201
West Palm Beach, FL 33415

(Check the types of insurance you will be providing)

| |
|---|
| <input type="checkbox"/> Property Damage Liability Coverage \$50,000 (per occurrence) |
| <input type="checkbox"/> Worker's Compensation According to state law |

N. **LIST OF ALL PERSONS PERFORMING IMMOBILIZATION WORK**

Please provide the following information for each Immobilization Employee working on a contract, lease, part-time or full-time with your company.

Total number of immobilization workers: _____

[NOTE: YOU MUST PROVIDE A STREET ADDRESS. POST OFFICE BOXES OR OTHER BOXES WILL NOT BE ACCEPTED.]

| | IMMOBILIZATION STAFF'S NAME | TELEPHONE NUMBER |
|----|-----------------------------|------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

(Use additional sheets if necessary)

P. Branch Offices

Provide information on all branch offices you operate:

1. _____
Name of Branch

Address City State Zip Code

Area Code/Telephone Fax number Name of contact person
Days/Hours of Operation for this facility: _____
Staffed by _____ employees during these hours.

2. _____
Name of Branch

Address City State Zip Code

Area Code/Telephone Fax number Name of contact person
Days/Hours of Operation for this facility: _____
Staffed by _____ employees during these hours.

3. _____
Name of Branch

Address City State Zip Code

Area Code/Telephone Fax number Name of contact person
Days/Hours of Operation for this facility: _____
Staffed by _____ employees during these hours.

4. _____
Name of Branch

Address City State Zip Code

Area Code/Telephone Fax number Name of contact person
Days/Hours of Operation for this facility: _____
Staffed by _____ employees during these hours.

This page must be completed and signed by each individual applicant, corporate president or vice president, all general/limited partners and corporate officers/directors having 25 percent or greater ownership of the company. (Please make copy of this page as necessary, for each person needing to sign.)

State of Florida
County of Palm Beach

Have you been found guilty of, or pled guilty or no contendere to, regardless of the adjudication of guilt, within the last ten (10) years from date of application of any of the following or substantially similar statutory offenses as may be updated or amended involving: repossession of a motor vehicle under Florida Statutes, Ch. 493, repair of a motor vehicle under Florida Statutes, §§ 559.901—559.9221, theft of a motor vehicle under Florida Statutes, § 812.014, carjacking under Florida Statutes, § 812.133, operation of a chop shop under Florida Statutes, § 812.16, failure to maintain records of motor vehicle parts and accessories under Florida Statutes, § 860.14, airbag theft or use of fake airbags under Florida Statutes, § 860.145 or § 860.146, overcharging for repairs and parts under Florida Statutes, § 860.15, or violation of the towing or storage requirements for a motor vehicle under Florida Statutes, § 321.051, Ch. 323, § 713.78, § 715.07, or any felony conviction involving a towed or immobilized vehicle or theft of property?

[☐] YES [☐] NO

The undersigned certifies that:

- 1) The information provided on the “Application for Immobilization Operating Permit” and the information provided on this form is true and correct to the best of my knowledge and belief.
- 2) I agree to abide by Palm Beach County Chapter 19 – Article VIII and the Laws of the State of Florida.

Signature: _____ **Print name:** _____
(Individual, Partner, Corporate officer)

Title: _____ **Date:** _____

Workers' Compensation Compliance Letter

Date: _____

To: Palm Beach County Consumers Affairs Division

From: _____

_____ does NOT currently carry Workers'
(Name of Immobilization Company)

Compensation insurance, however, our Immobilization company is in full compliance with the requirements of Florida Statute Chapter 440, "Workers' Compensation" and Palm Beach County Chapter 19 – Article VIII.

_____ understands and agrees that it must comply with the
(Name of Immobilization Company)

requirements of this State Statute and Palm Beach County Chapter 19 – Article VIII at all times while providing Immobilization services in Palm Beach County and will purchase the required insurance coverage whenever failure to do so would cause our Immobilization company to not be in compliance with the requirements of this statute. We agree to immediately provide proof of said insurance to the Palm Beach County Consumer Affairs Division.

Print name

Print title

Signature

FDLE FORM

This form must be completed annually by each individual applicant, corporate president or vice president and all general/limited partners and corporate officers/directors having 25% percent or greater ownership of the company. The fee is \$24.

**Florida Department of Law Enforcement (FDLE)
Palm Beach County Board of County Commissioners
Consumer Affairs Division**

Please print or type

NAME: _____
First Middle Last

ALIAS: _____

NAME OF IMMOBILIZATION COMPANY: _____

PLEASE CHECK ONE IN EACH OF THE FOLLOWING CATEGORIES:

| | | | |
|---------------------------|--|-------------------|---------------------------------|
| RACE/ETHNIC CODES: | <input type="checkbox"/> White | SEX CODES: | <input type="checkbox"/> Male |
| | <input type="checkbox"/> Black | | <input type="checkbox"/> Female |
| | <input type="checkbox"/> Black | | |
| | <input type="checkbox"/> Hispanic | | <input type="checkbox"/> Female |
| | <input type="checkbox"/> American Indian, Alaskan | | |
| | <input type="checkbox"/> Asian or Pacific Islander | | |
| | <input type="checkbox"/> Unknown | | |

DATE OF BIRTH: ____/____/____
(MM/DD/YYYY)

Current Street Address: _____

City/State/Zip: _____

The Consumer Affairs Division collects social security numbers in order to perform criminal history record checks through the Florida Department of Law Enforcement (FDLE). Criminal history record checks are required by Palm Beach County-Chapter 19-Article VIII.

Your social security number is imperative to guarantee the accurate identification of persons operating a Towtruck. As part of the criminal history record check, the social security numbers will not be used by the Consumer Affairs Division for any other purpose, will be kept confidential and will only be disclosed as required by law.

Social Security #: ____ - ____ - ____

**This form MUST ONLY be submitted to FDLE by the Consumer Affairs Division.
Please return it to the Consumer Affairs Division for processing.**