



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



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 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.)

FEEES 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 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. _____

*****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) (D) **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 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, 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)

- Worker’s compensation and employer’s liability as required by Statute;
- Waiver of Subrogation and/or Waiver of Transfer of Rights of Recovery Against Others or its equivalent;
- **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, 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/REVOCAION:

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



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)



Division of Consumer Affairs

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: _____



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

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: _____