Requirements for a Sedan, SUV, Limousine, Van/Shuttle, Taxicab, Non-Medical

Vehicle for Hire Company

A completed Vehicle for Hire application from our office 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.pbcgov.com/tax**) available from the following locations (address **MUST** match the physical address of your business):
   301 N. Olive Ave, 3rd Floor, West Palm Beach (Governmental Center)
   3188 PGA Blvd., Palm Beach Gardens
   3551 S. Military Trail, West Palm Beach (south of 10th Ave N)
   501 S. Congress Ave, Delray Beach
   200 Civic Center Way, Royal Palm Beach

2. **Articles of Incorporation AND/OR Fictitious Name Registration** (whichever is applicable – from the State of Florida), (850) 488-9000 or **www.sunbiz.org**

3. **Certificate of Commercial Automobile Liability Insurance**: Minimum requirements
   $125,000 for injuries per person in any one occurrence or accident
   $250,000 for injuries per occurrence or accident **OR** $300,000 Combined Single Limit (CSL)
   $50,000 for property damage in any one occurrence or accident

   The Certificate of insurance must have the following listed: ***vehicles and drivers insured*** and as a **certificate holder**:
   PBC Consumer Affairs Division
   50 S. Military Trail, Ste 201
   West Palm Beach, FL 33415

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

4. Copies of **Vehicle Registrations** for each vehicle to be permitted with our office.

   Mechanical/Safety Inspection Pursuant to Sec. 19-223. – All vehicles shall be inspected annually.
5. Attach the original Mechanical/Safety Inspection Form for each vehicle. Each vehicle must be inspected by an ASE Certified Mechanic. The inspection forms are available online at: **www.pbcgov.com/consumer** or from the Consumer Affairs' Office. **VEHICLES OLDER THAN 2 MODEL YEARS DURING THE CURRENT LICENSE & CALENDAR YEAR ARE REQUIRED AN ASE INSPECTION**.

6. **Taxicab/Non-Medical Transport Companies** – Each taxicab or non-medical, wheelchair and stretcher transportation service business, must submit to the Division with their initial application, three (3) color photographs, not less than 8" x 10" size on photographic paper, showing the entire vehicle side, front and rear views, which depicts the chosen color and signage scheme. The signage (lettering) is to be either vinyl or painted, at least 4 inches in height on each side of the vehicle and must show the company name, telephone number, VFH permit number and unit number.

7. **Airport Ground Transportation Decal** – Any vehicle for hire-company desiring to engage in pre-arranged ground transportation services at Palm Beach International Airport (PBIA) will be required to have an airport ground transportation decal affixed to every vehicle. If you are requiring an Airport Decal, please submit documentation showing which vehicle(s) you are registering for an airport decal. Airport Decal Fee is $50.00 per vehicle.

All fees are non-refundable

Fees: No cash is accepted – Only- **Check/Money Order/Visa/MasterCard/Discover**
$10,000.00 Fee for a NEW Vehicle for Hire Business
$100.00 – Business Fee; $ 50.00 – Airport decal fee per vehicle; $50.00 – Decal fee per vehicle
$25.00 – 30 Day Temporary Permit fee for rental vehicles only

REQUIREMENTS FOR A NEW VFH BUSINESS

"(1) All **new Taxicab** companies submitting an application for a business permit pursuant to section 19-218 shall have a minimum of seven (7) vehicles in its fleet, and shall include at least one handicap accessible vehicle. (2) All **new Sedan/SUV** companies submitting an application for a business permit pursuant to section 19-218 shall have a minimum of seven (7) vehicles in its fleet. (3) All **new Van/Shuttle** companies submitting an application for a business permit pursuant to section 19-218 shall have a minimum of seven (7) vehicles in its fleet, and shall include at least one handicap accessible vehicle. The rates for handicap accessible vehicles shall not differ from the rates charged to non-disabled passengers. (4) All **new Limousine** companies submitting an application for a business permit pursuant to section 19-218 shall have a minimum of two (2) vehicles in its fleet. (5) All **new Non-medical** wheelchair and stretcher transportation service companies submitting an application for a business permit pursuant to section 19-218 shall have a minimum of two (2) vehicles in its fleet. (6) All taxicab or van/shuttle companies with twenty (20) or more vehicles licensed by the Division shall have at least one handicap accessible vehicle available beginning on December 1, 2014. The rates for handicap accessible vehicles shall not differ from the rates charged to non-disabled passengers."

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)
www.pbcgov.com/consumer

APPLICATION FOR VEHICLE FOR HIRE
BUSINESS PERMIT AND VEHICLE PERMIT

INITIAL FEE: $10,000.00
BUSINESS PERMIT APPLICATION FEE: $100.00
VEHICLE DECAL FEE: $50.00 PER VEHICLE
AIRPORT DECAL FEE: $50.00 PER VEHICLE
30 DAY TEMPORARY DECAL FEE: $25.00 PER VEHICLE-RENTAL VEHICLE ONLY

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

ALL FEES ARE NON- REFUNDABLE

Business Name: _____

dba: _____

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.

PLEASE NOTE: THE FAILURE TO PROVIDE THE REQUESTED INFORMATION AND DOCUMENTATION WILL RESULT IN THE DISAPPROVAL OF YOUR PERMIT APPLICATION UNTIL SUCH TIME THAT THE REQUESTED INFORMATION HAS BEEN PROVIDED TO THIS OFFICE.

PLEASE TYPE OR PRINT IN INK

BUSINESS INFORMATION

(1) BUSINESS INFORMATION: 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: _____

(Physical address must match the Business Tax Receipt) _____

MAILING ADDRESS:_____

_____

BUSINESS TELEPHONE (land line): _____ **FAX NUMBER:** _____

CELL PHONE NUMBER: _____

E-Mail Address:_____

Web Site Address: _____

(1) (A) **ALL OTHER VEHICLE FOR HIRE 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)

IF PARTNERSHIP: Please list all general and limited partners.

Name: _____
(Last, First, MI)

Address: _____

_____

Work Telephone: _____ Fax: _____

Cell Phone: _____ E-Mail Address: _____

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

Name: _____
(Last, First, MI)

Address: _____

_____

Work Telephone: _____ Fax: _____

Cell Phone: _____ E-Mail Address: _____

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

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

IF 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: _____

(1) (D) **TYPE OF BUSINESS:**

Please check all that apply to your business.

_____ **Non-Medical Transport** _____ **Limousine**

_____ **Van/Shuttle** _____ **Taxicab**

_____ **Sedan** _____ **SUV**

(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):

PLEASE ATTACH A COPY OF YOUR CURRENT PALM BEACH COUNTY LOCAL BUSINESS TAX RECEIPT. FAILURE TO HAVE A CURRENT PALM BEACH COUNTY LOCAL BUSINESS TAX RECEIPT 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 for 30 or 10 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 19, Article IX, Section 19-226.
- List each and every driver and vehicle (Year, Make and Vehicle Identification Number - VIN) registered with Consumer Affairs.
- At least $250,000 in commercial automobile liability insurance for injuries per occurrence or accident.
- At least $125,000 for injuries per person in any one occurrence or accident.
- At least $50,000 for property damage in any one occurrence or accident.
- **OR**; $300,000 Combined Single Limit

All insurance policies shall be issued by insurance companies licensed and admitted to write commercial automobile liability insurance in the State of Florida, Palm Beach County Code, Chapter 19, Article IX, Section 19-226.

Must show Palm Beach County Consumer Affairs, 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 vehicle for hire 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? (Section 19-218)

_____ **YES** _____ **NO**

(7) **DESCRIPTION OF VEHICLE(S) – *TAXICAB OR NON-MEDICAL TRANSPORT ONLY***

Please provide a description of the current colors and markings of your vehicle(s):

Color Scheme: _____

Must provide three 8" x 10" color photographs showing the chosen color scheme and signage of the front, side and rear views of the fleet. (Section 19-220)

(8) **MECHANICAL/SAFETY INSPECTION**:

Pursuant to Sec. 19-223. – All vehicles shall be inspected annually.
Attach the original Mechanical/Safety Inspection Form for each vehicle. Each vehicle must be inspected by an ASE Certified Mechanic. The inspection forms are available online at: **www.pbcgov.com/consumer** or from the Consumer Affairs' Office.
Note: There is no age limit on model year.

(9) **REGISTRATION OF VEHICLE(S)** – If you are requesting an AIRPORT DECAL please check the appropriate box.

Number of PBC Vehicle Decals being requested at $50.00 each: _____

Number of Airport Decals being requested at $50.00 each: _____

Please list all vehicle(s) to be registered in the blank boxes below:

****Legend: L=Limousine, V=Van or Shuttle, N=Non-Medical, T=Taxicab, S=Sedan, SV=SUV****

YEAR	MAKE	MODEL ---------- COLOR	FLORIDA TAG NUMBER ---------- TAG EXP. DATE	VEHICLE IDENTIFICATION NUMBER ---------- YOUR CAR NUMBER	PLEASE CHECK IF REQUESTING AN AIRPORT DECAL FOR THIS VEHICLE	TYPE OF VEHICLE **See Legend above
		----------	----------	----------		
		----------	----------	----------		
		----------	----------	----------		
		----------	----------	----------		
		----------	----------	----------		
		----------	----------	----------		
		----------	----------	----------		
		----------	----------	----------		

(9) **REGISTRATION OF VEHICLES** (continued):

YEAR	MAKE	MODEL ---------- COLOR	FLORIDA TAG NUMBER ---------- TAG EXP. DATE	VEHICLE IDENTIFICATION NUMBER ---------- YOUR CAR NUMBER	PLEASE CHECK IF REQUESTING AN AIRPORT DECAL FOR THIS VEHICLE	TYPE OF VEHICLE **See Legend above
		----------	----------	----------		
		----------	----------	----------		
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VEHICLE FOR HIRE DRIVER INFORMATION

(10) **DRIVER INFORMATION**:

Please list the following information on each vehicle for hire driver working on a contract, lease, part-time, or full-time basis with your firm. Each Driver listed with your business must have a Palm Beach County Driver's ID Badge.

(a) Total number of drivers: _____

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

	DRIVER'S NAME/ HOME TELEPHONE NUMBER	**HOME ADDRESS/ CITY, STATE ZIP**	**DRIVER'S LICENSE NO. /EXPIRATION DATE**	**BIRTH DATE** mm/dd/yyyy	**DRIVER'S PERMIT NUMBER (DP#)**
1					
2					
3					
4					
5					
6					
7					
8					
9					

(b) **DRIVER LISTING** (continued)

	DRIVER'S NAME/ HOME TELEPHONE NUMBER	HOME ADDRESS/ CITY, STATE ZIP	DRIVER'S LICENSE NO. /EXPIRATION DATE	BIRTH DATE mm/dd/yyyy	DRIVER'S PERMIT NUMBER (DP#)
10					
11					
12					
13					
14					
15					
16					
17					
18					

Notarized Agreement for Vehicle for Hire Business Application

As the owner, partner, chief corporate officer, and/or registered agent of this vehicle for hire company:

#VH-_____,name of business: _____,

& type of service operated: _____,

(If you are a partnership or corporation, a copy of the partnership agreement or articles of incorporation must be attached.)

I agree to abide by the conditions and requirements of the Palm Beach County code – Chapter 19 – Article IX – Vehicle or Hire.

1. I agree to report to Palm Beach County Consumer Affairs any change in address or location, change in ownership or partnership status of the corporation or partnership, change of executive officers within twenty (20) calendar days of the change.
2. This is to attest that all drivers have been approved by a commercial automobile liability insurer.
3. This is to attest that all vehicles registered with the Division have the required commercial automobile 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 that a driver is no longer insured by the commercial automobile liability insurer.
5. I understand that decals issued to vehicles no longer operating for my business shall be removed and surrendered to the Division within 10 business days following the removal o a vehicle from service or termination of a driver's employment/contract.

The undersigned affirms that he or she is the authorized agent/owner/partner of the applicant and has full authority to execute this legal document on behalf of the entity.

I have fully read and completed the application for a vehicle for hire 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 vehicle for hire permit and decals. This renewal application is true and correct to the best of my knowledge and belief.

Print Name: _____ Signature: _____

State of Florida, County of _____

Sworn and subscribed before me by means of _____ physical presence or _____ online notarization

This _____day of _____, _____.

Type of ID presented: _____ Florida Driver's License,

Personally known _____, Other _____

_____
Signature of Notary Public, State of Florida

_____
Printed name of Notary Public

NOTARY STAMP

Addendum 1
Palm Beach County Vehicle for Hire Permits

Please complete and return with your application.

The Consumer Affairs Division is in the process of expanding the information we maintain concerning your business. This additional information will be provided to consumers who request your "Business Information Report" and some of the information will be posted on our Internet Web site where we list all vehicle for hire companies licensed/permitted to operate in Palm Beach County.

For those companies with an Internet site – we are planning to have a direct link from the Consumer Affairs' site (listing licensed vehicle for hire companies) to your site. You will be interested in knowing that the Consumer Affairs Web site has from 30,000 to 40,000 "hits" each month.

Please complete the following information and return this with your application:

1. Name of person in your company responsible for handling consumer disputes: _____

   Phone number of person handling disputes: (_____) _____

2. Year your business was established and has been operating continuously in Palm Beach County since: _____

3. Does your vehicle for hire company have a business/official affiliation with another company (i.e., limousine company, etc.)?

   If YES, name of company: _____

   Mailing address: _____

   City: _____ State: _____ Zip: _____

   E-Mail address of affiliated company: _____

   Web site address of affiliated company: _____