Date: ______________

Re: Mobile Motorized Food/Drink Service

Dear Sir or Madam:

Any company interested in operating a mobile food vehicle in Port Everglades must obtain a Port Everglades Mobile Motorized Food/Drink Business Permit prior to conducting business in the Port.

In order to obtain a business permit, an applicant must submit the attached application and the required supporting documentation. The application will then be reviewed by Port staff and if found to be satisfactory, approval signatures will be obtained and a permit will be issued. You will not be allowed to operate at Port Everglades until you have an approved business permit. This process may take up to 30 days to complete, so plan accordingly.

Please be advised that:

- Business permits are issued on a calendar year basis and expire December 31.
- Fees are not prorated.
- There are no parking privileges included with a business permit.
- Food trucks must operate in designated areas only on a first come, first served basis (see attached map of food vendor locations).
- Each permitted food vendor may operate up to two vehicles.
- Size of vehicle(s) will be evaluated on a case-by-case basis.

Should you have any questions or require assistance, please call (954) 468-0114.

Sincerely,

Pia Thompson
Director of Administration

Attachments
BUSINESS PERMIT APPLICATION
MOBILE MOTORIZED FOOD/DRINK SERVICE

1. Company Name ____________________________________________________________
   Corporate Address ____________________________________________________________
   Number and Street ____________________________________________________________
   Phone#: (___) __________________________________________________________________
   City/State/ZIP ____________________________________________________________________
   Fax #: (___) __________________________________________________________________
   Type of Ownership: ( ) Sole Proprietorship ( ) Partnership
       ( ) Corporation ( ) Joint Venture
   Number of years in business ________
   E-mail address if any __________________________________________________________

2. Local Contact ______________________________________________________________
   Phone#: (___) __________________________________________________________________

3. Has the business filed for bankruptcy within the past five (5) years?  Yes____ No____

4. Has the business entity been a party to any litigation within the last past five (5) years?  Yes____ No____

5. Does the entity have knowledge of any pending litigation, violations or legal claims outstanding
   against the business? Yes____ No____

6. Has the business entity or any of its officers, directors, executives or shareholders active in
   management been convicted of any state or federal anti-trust law? Yes____ No____

If you responded “Yes” to Questions 3, 4, 5, or 6, please explain fully on a separate sheet of paper.

This application cannot be processed or presented to the Port Director or his/her designee for approval unless accompanied by
the documents listed on the attached sheet. The application and documents are to be submitted to the Port Everglades
Business Administration Division.

By signing and submitting this application, the applicant agrees to comply with all federal, state, local, Port Everglades and
Broward County rules and regulations now in effect or hereafter established. In addition, the applicant authorizes Broward
County to make any inquiry or investigation it deems appropriate to verify or augment the information contained in the
application and attachments, and authorizes others to release to the county any and all information sought in such inquiry.
Applicant further understands that under the laws of the State of Florida, the information provided herein is subject to the
Public Records Law and will not be confidential.

By: ___________________________ ___________________________ ___________________________
    Signature                              Company Name                             Title

   (Signature Name Typed or Printed)   Date
REQUIREMENTS FOR BUSINESS PERMIT
MOBILE MOTORIZED FOOD/DRINK SERVICE

1. Completed business permit application form.

2. Completed and signed Port Everglades Business Permit for presentation to the Port Director or his/her designee. PERMIT FORM WILL BE PROVIDED TO YOU UPON SUBMITTAL OF APPLICATION.

3. All business entities must be registered with the State of Florida.

4. Copy of a current Broward County business tax receipt (formerly occupational license); and, based on the location(s) where applicant will operate within the Port, a current business tax receipt from the City of Hollywood and/or a current business tax receipt and city food vendor permit from the City of Fort Lauderdale.

5. Up-to-date insurance certificate(s) evidencing:
   a) Commercial general liability with single limit bodily injury and property damage coverage at $500,000 per occurrence and $500,000 per aggregate. Certificate must name Broward County Board of County Commissioners as an “Additional Insured on General Liability Only,” and
   b) Automobile insurance with combined bodily injury and property damage coverage in an amount not less than: $300,000 per occurrence. Broward County Board of County Commissioners should NOT be an “Additional Insured” on automobile insurance.
   c) Workers’ Compensation and Employer’s Liability – Per Florida State Statute, $100,000 minimum, each accident.

   NOTE: These certificates must be addressed to: BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS, Port Everglades Department, Attention: Business Permit Manager, 1850 Eller Drive, Fort Lauderdale, FL 33316. Cancellation notification should be 30 days.

6. A current list of all vehicles owned or leased by the business that will be used at Port Everglades, including a description of each vehicle, the VIN number, and license plate number.

7. A copy of a current health/cleanliness inspection report/certificate from the appropriate regulatory agency for each vehicle to be used at Port Everglades.

8. Applicant’s most recent financial statement, balance sheet or other financial information that demonstrates creditworthiness, financial responsibility and resources.

9. Resume(s) of the applicant’s president, vice president, chief financial officer, and local business representative, or a document that reveals the prior work history of the applicant or persons providing services in Port Everglades for the applicant.

10. A copy of the applicant’s safety and training programs, including substance abuse policies, if any.

FEES:

11. A nonrefundable processing fee of $200 and an annual fee of $250 must be remitted with your application\(^1\). Check should be made payable to: BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS and be mailed to Port Everglades Business Administration Division, 1850 Eller Drive, Fort Lauderdale, FL 33316.

12. Required Port Everglades vehicle tag fee ($15 per vehicle). Tags are issued in the form of decals which must be permanently affixed to the inside front windshield of each vehicle. The decals are issued upon approval of the permit.

\(^1\) Annual fee is on a calendar year basis and is not prorated. Fees are set through the Port Everglades Tariff and are subject to change at any time.