



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](http://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**  
*Please pay by check or money order,*  
*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 Moving Ordinance 2005-007 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 Local Business Tax:**

Do you (individual), the partnership or the corporation have a current Palm Beach County Occupational License?  YES     NO

Palm Beach County Local Business Tax receipt number: \_\_\_\_\_

**Please attach a copy of your current Palm Beach County Local Business Tax . Failure to have a current Palm Beach County Local Business Tax, 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

(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. \_\_\_\_\_  
 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 Moving Ordinance.
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)



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

If you wish to pay by credit card, complete the "Authorization for payment by Credit Card" in its entirety.

## Authorization for Payment by Credit Card

**TYPE OF CREDIT CARD:** (Please X type of credit card payment)

*VISA*

*MASTERCARD*

Name of Credit Card: \_\_\_\_\_  
(**Example:** Capital One, Bank One, Bank of America, etc.)

Your Name/Business Name: \_\_\_\_\_  
**Must match name on credit card**

CREDIT CARD #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr.

Amount: (\$) \_\_\_\_\_ . \_\_\_\_\_

Signature of Card Holder : \_\_\_\_\_