



Checklist for **NEW** **Moving Company**

A completed application must be accompanied by the following documents:

1. **Insurance**

(a) Certificate of insurance for **Auto Liability** and **Cargo Liability**

Auto Liability -

Vehicle gross weight of less than 26,000 pounds: \$100,000 combined single limit **OR** \$100,000 for bodily injury per person, \$300,000 bodily injury per accident, \$100,000 property damage per accident

Vehicle Gross Weight of 26, to 43,999 pounds: \$250,000 combined single limit **OR** \$250,000 bodily injury per person, \$500,000 bodily injury per accident, \$250,000 property damage per accident

Vehicle gross weight of 44,000 pounds or more: \$1,000,000 **OR** \$500,000 bodily injury per person, \$250,000 bodily injury per accident, \$500,000 property damage per accident

Cargo Liability: A minimum of \$50,000 per shipment. Cargo valuation insurance must be at the rate of \$0.60 per pound per article.

(b) Certificate of insurance for **workers' compensation insurance** coverage, or letter stating that the business employs fewer than four employees and is therefore permitted by law to elect not to secure workers' compensation insurance.

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

PBC Consumer Affairs Division
50 S. Military Trail, Ste 201
West Palm Beach, FL 33415

The certificate of insurance must show in the cancellation section, 30 days written notice of any material change, expiration or cancellation of the policy.

2. Copies of **Vehicle Registrations** for all vehicles you are registering with Consumer Affairs.
3. Copy of **Intrastate Registration Certificate** obtained from the **Department of Agriculture and Consumer Services**
4. **Articles of Incorporation OR Fictitious Name Registration** (whichever is applicable – from the State of Florida), (850) 488-9000 or www.dos.state.fl.us
5. **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:
301 N. Olive Ave, 3rd Floor, West Palm Beach (Governmental Center)
3188 PGA Blvd., Palm Beach Gardens
501 S. Congress Ave, Delray Beach
3551 S. Military Trail, West Palm Beach (south of 10th Ave N)
200 Civic Center Way, Royal Palm Beach
6. Copy of the **Standard Household Moving Company Disclosure Form** and **Bill of Lading Form** with business name, address, phone and fax number, and Palm Beach County moving business permit number as required by Moving Ordinance 2005-007

Fees: No cash is accepted – Only- **Check/Money Order/Visa or MasterCard**

\$750.00 – Business Fee

\$ 10.00 – Decal fee per vehicle

\$ 10.00- Temp decal per vehicle



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

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
Annual Non-refundable Moving Vehicle Decal Fee for Temp decal \$10.00

*Please pay by check, money order, Visa, Master Card or Discover
 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 Code, Chapter 17 – Article VIII 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 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 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 Code, Chapter 17 – Article VIII.
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)

Workers' Compensation Compliance Letter

Date: _____

To: Palm Beach County Consumers Affairs Division

From: _____

_____ does not currently carry Workers'
(Name of Moving Company)

Compensation insurance, however, our moving company is in full compliance with the requirements of Florida Statute Chapter 440, "Workers' Compensation" and Palm Beach County Code - Chapter 17- Article VIII.

_____ understands and agrees that it must
(Name of Moving Company)

comply with the requirements of this statute and ordinance at all times while providing moving services in Palm Beach County and will purchase the required insurance coverage whenever failure to do so would cause our moving 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