



MIAMI-DADE COUNTY – SEAPORT DEPARTMENT
*APPLICATION FOR PERMIT TO CONDUCT PRIVATE
 BUSINESS ON PORT OF MIAMI PROPERTY*

Name of company: _____

MAILING

Contact Name: _____

Title: _____

Address: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: _____

Phone: (____) _____ Fax(____) _____

E-mail: _____

OTHER

Corporate Officer or Owner 's Name: _____

Title: _____

Address: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: _____

Phone: (____) _____ Fax(____) _____

E-mail: _____

Please indicate business to be conducted on premises: _____

INSTRUCTIONS

ANNUAL PERMIT FEE SCHEDULE

Send all required documentation and fee to:

Port of Miami
1015 North America Way
Room 210
Miami, FL 33132

One Time Initial Processing Fee (non-refundable- all categories).....\$348.00

Annual Fees

Stevedoring Firms	\$5,789.00
Mobile Food/Drink per truck	\$3,150.00
Ship's Agents	\$1,737.00
Ship Chandlers/Suppliers	\$1,000.00
Tow Truck/Vehicle Delivery Service	\$ 69.00 (No Initial Proc. Fee)
Fees for all other business categories	\$ 348.00

THE ABOVE FEES DO NOT INCLUDE THE COST OF REQUIRED PORT OF MIAMI IDENTIFICATION CARD(S).

REQUIREMENTS FOR INSURANCE CERTIFICATE, CONSENT TO TARIFF and INDEMNIFICATION

PORT OF MIAMI TARIFF NO. 010 – SECTION TWO – ITEM 224

All users of the Port facilities are required to carry Comprehensive General Liability insurance and/or Automobile Liability insurance and to furnish certificates of insurance. Such insurance shall be in amounts not less than \$100,000 per person and \$300,000 per accident for bodily injury, and \$50,000 per accident for property damage. **The insurance policy for general and vehicle liability must show Miami Dade County Risk Management as both CERTIFICATE HOLDER AND ADDITIONAL INSURED.**

PORT OF MIAMI TARIFF NO. 010 – SECTION TWO – ITEM 202

The use of the waterways and piers, wharves, bulkheads, docks and other facilities under the jurisdiction of the Seaport Department shall constitute a consent to the terms and conditions of this tariff and evidence an agreement on the part of vessels, their owners and agents and other users of such waterways and facilities to pay all charges specified in this tariff and be governed by all rules and regulations published hereon.

The permit applicant agrees to indemnify and hold harmless Miami-Dade County from any and all liability, losses or damages arising out of, resulting from or relating to the permit application, a permit should one be issued and the permit applicant's use of port facilities.

The permit applicant is responsible for all applicable fees, rules and regulations as contained in Port of Miami Tariff No. 010.

The undersigned represents that he or she has authority to submit this application on behalf of the above-named entity. The permit applicant agrees to comply with all applicable laws, including the Code of Miami-Dade County, Port of Miami Terminal Tariff No. 010 and all regulations or directives issued by the Port Director or Seaport Department staff.

Name (Print or Type) _____

Title _____

 Authorized Signature

Date _____

APPROVAL _____
 Port Director

PERMIT NO. _____



**MIAMI-DADE SEAPORT DEPARTMENT
(PORT OF MIAMI)**

SUPPLEMENTAL PERMIT DATA

APPLICANT NAME: _____

THIS INFORMATION IS TO BE RETURNED WITH THE APPLICATION TO CONDUCT PRIVATE BUSINESS ON PORT OF MIAMI PROPERTY.

THIS INFORMATION IS TO BE FURNISHED BY ALL APPLICANTS

- A. A list of company vehicles that will be used on the Port premises along with corresponding vehicle tag number(s) _____
- B. Provide the number of company employees that will need an identification card from the Port Security Division because they will visit authorized areas such as cargo area and/or have access to vessels docked at the port: _____
- C. Name and address of all sub-contractors that will conduct private business with the applicant on Port of Miami property. (**) _____

ADDITIONAL INFORMATION REQUESTED FROM SPECIFIC BUSINESS CATEGORIES

- D. For Ground Transportation (passenger Service) Companies Only: # trips / month
Number of vehicles
 - 1. Up to 11 passengers: _____
 - 2. 12 to 20 passengers: _____
 - 3. 21 & over passengers: _____
- E. Indicate the following information:
 - 1. Number of company drivers: _____
 - 2. Number of independent truckers/
Sub contracted vendors/drivers _____
 - 3. Indicate insurance coverage for company drivers
and sub contracted vendors/drivers/truckers _____

**If additional space is necessary, please use a separate sheet of paper and attach.