



# OTHER LICENSE APPLICATION

Applicant is seeking a license to operate as one of the following (check one):

**FOR INTERNAL USE ONLY**  
Permit # \_\_\_\_\_

- \_\_\_\_\_ Ship Chandler, Ship Repair
- \_\_\_\_\_ Crane Operators License, Crane Service
- \_\_\_\_\_ Bunkering License
- \_\_\_\_\_ Miscellaneous Activity (print type of activity) \_\_\_\_\_

**NAME OF COMPANY:** \_\_\_\_\_

**MAILING**  
 Contact Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**OTHER**  
 Corporate Officer or Owner's Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

- Type of Ownership:**
- ( ) Sole Proprietorship
  - ( ) Partnership
  - ( ) Corporation
  - ( ) Joint Venture

**Date of Incorporation or Creation:** \_\_\_\_\_

**Type of Business to Be Conducted on Premises:** \_\_\_\_\_

**List of Three Business References, Address and Phone Number:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of Vehicles to work at Port:** \_\_\_\_\_ **Number of Employees to work at Port:** \_\_\_\_\_

The applicant agrees that when this application is approved and a license is granted to abide by all the rules and regulations of the Port of Palm Beach District and all the provisions of the Port of Palm Beach District Tariff, as amended periodically. Nothing contained herein shall relieve Applicant or its employees from the obligation to comply with security requirements now existing or hereinafter imposed by the Port of Palm Beach District, Local, State, and Federal Authorities.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

☐  
SEAL

The foregoing instrument was subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ as Applicant for a Permit.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_