



PERMIT APPLICATION

FOR INTERNAL USE ONLY

Permit # _____

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

- _____ Ship Chandler, Ship Repair
- _____ Bunkering Agent
- _____ 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 permit 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.

PERMIT APPLICATION

Notary Public, State of _____

My Commission Expires: _____

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