

TAMPA PORT AUTHORITY License Application

In accordance with Chapter 95-488, Laws of Florida, as amended, the provisions of Section L, Port of Tampa Terminal Tariff No. 14, as amended ("Tariff"), application is hereby made for a license authorizing the Applicant to operate *as (please indicate the license you are applying for from the list below)*

- | | |
|---|---|
| <input type="checkbox"/> Bunkering | <input type="checkbox"/> Security Firm |
| <input type="checkbox"/> Ground Transportation | <input type="checkbox"/> Ship Chandler |
| <input type="checkbox"/> Line Handling | <input type="checkbox"/> Steamship Agent |
| <input type="checkbox"/> Marine Terminal Operator | <input type="checkbox"/> Steamship Agent, Franchise |
| <input type="checkbox"/> Mobile Food, Merchandise and/or Service Vendor | <input type="checkbox"/> Stevedore |
| <input type="checkbox"/> Oil Waste Removal and/or Sanitary Removal | <input type="checkbox"/> Tugboat/Towing (harbor) |
| | <input type="checkbox"/> Water Taxi |

Applicant: Please attach all current documentation (applicable licenses, certificates, letters of adequacy, etc.) from the federal, state and/or local regulating authorities authorizing you to operate the service you wish to provide.

1. Applicant: _____
Registered Name (Applicant must attach copies of documents filed with the State of Florida)

2. Form of business, i.e. sole proprietorship, partnership, corporation, other (please describe):

Date Established: _____ DUNS: _____ EIN: _____

3. Registered Address: _____

4. Billing Address, if different: _____

5. Telephone: (____) _____ Fax: (____) _____

6. Email: _____ Website: _____

7. Name, address and title of principal officers:

Name	Position	Telephone
e-mail	Address	
Name	Position	Telephone
e-mail	Address	

8. Ground Transportation companies must provide year/make/model and VIN number for all vehicles serving the cruise terminals. If more than five (5) vehicles are to be registered the information must be emailed in spreadsheet form.

9. State in detail the types of business you intend to conduct on Tampa Port Authority property or on private property in the Port district. (If additional space is needed please attach necessary pages to application.)

10. In support of this application, and to establish proof of Applicant's readiness, willingness and ability to perform under the requested license, please provide documentary evidence of:

- (a) Financial capability including but not limited to annual report and financial statements (at a minimum, income statements, balance sheets and cash flow sheets) for the past three (3) years (if applicable) and any issued this year. If annual reports or financial statements are not available, please provide a certified copy of the applicant's or principal owner(s) Federal income tax returns for the past three (3) years.
- (b) The applicant's articles of incorporation, articles of organization, partnership registration statement or statement of qualification, as applicable, and a statement that the entity is authorized to do business in the State of Florida.
- (c) Experience in proposed field of operation and current location(s) of operation (include a resumé for each officer, director, member, partner, shareholder, principal or employee active in the management of the Applicant).
- (d) Ownership or availability of equipment essential to performance of proffered service. Attach list of equipment to be used in the performance of this service (if applicable).
- (e) Safety policies and procedures in place for the service you wish to provide. If your service has potential of environmental impact, attach procedures in place to correct.
- (f) A Certificate of Insurance form properly prepared by your insurance agency. The Certificate of Insurance must be issued in compliance with the licensee's insurance requirements as set forth in Section L20 of this Tariff.

Liability coverages are to cover the interests of the Tampa Port Authority as being insured for the operations of the licensee for all coverage's other than the Workers' Compensation and Employers' Liability insurance. A formal Certificate of Insurance is to be delivered to the Tampa Port Authority prior to the use of any license issued.

- (g) For Franchise Steamship Agency Licensee only: \$100,000 bond, letter of credit, or cash deposit.

11. Current licenses

City _____ License # _____
County _____ License # _____
State _____ License # _____

12. References:

Bank: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Officer: _____ Account #: _____

Three Trade References including address, phone number and account number:

The above information is provided for the purpose of extending credit to our company as provided in your Port Charges Tariff. We understand that any port usage invoice not paid within 30 days from date of invoice shall incur late charges of 1 ½ % for each 30 day period the invoice remains unpaid. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.

Applicant agrees, in the event this application is approved and license granted, to abide by all State, Local and Port Authority rules and regulations now in effect or hereafter established, including, without limitation, the tariff. By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct and further, understands that providing false or misleading information on this application may result in the application being denied, or in instances of renewal, revoked.

Applicant acknowledges that this application is subject to the Florida Public Records Act, Chapter 119, Florida Statutes, as may be amended. Applicant hereby waives any and all claims for any damages resulting to the Applicant from any disclosure or publication in any manner of any material or information acquired by Tampa Port Authority during the application process or during any inquiries, investigations, or public hearings. The individual executing this application personally warrants that s/he has the full binding authority to execute this application on behalf of the Applicant.

SIGNED _____

Print name

Title or Position

DATE: _____