

PORT EVERGLADES FRANCHISE APPLICATION

MARINE TERMINAL SECURITY SERVICES

APPLICANT IS APPLYING FOR A FRANCHISE TO PROVIDE SECURITY SERVICES EMPLOYING:

FIREARMS CARRYING SECURITY PERSONNEL

NON-FIREARMS CARRYING SECURITY PERSONNEL

An application will not be deemed completed and processed until all required documents and fees are received.

Note: Applicant is defined as the legal entity applying for the franchise. All information contained in this application shall apply only to the Applicant, not to any parent, affiliate, or subsidiary entities.

Applicant's Name _____
(Name as it appears on the certificate of incorporation, charter, by-laws, or other official document)

Applicant's Business Address _____
Number / Street City/State/Zip

Phone # () _____ E-mail address _____ @ _____

Fax #: () _____

Name of the person authorized to bind the Applicant
(This person's signature must appear on Page 10.)

Name _____

Title _____

Business Address _____
Number / Street City/State/Zip

Phone # () _____ E-mail address _____ @ _____

Fax #: () _____

Provide the Name and Contact Information of Applicant's Representative to whom questions about this application are to be directed: (if different from the person authorized to bind the Applicant)

Representative's Name _____

Representative's Title _____

Representative's Business Address _____
Number / Street City/State/Zip

Representative's Phone # () _____

Representative's E-mail address _____ @ _____

Representative's Fax #: () _____

PLEASE COMPLETE THIS APPLICATION AND LABEL ALL REQUIRED BACKUP DOCUMENTATION TO CLEARLY IDENTIFY THE SECTION OF THE APPLICATION TO WHICH THE DOCUMENTATION APPLIES (I.E., SECTION A, B, C, etc.).

Section A

1. List the name(s) of Applicant’s officers including CEO, COO, CFO, director(s), member(s), partner(s), shareholder(s), principal(s), employee(s), and agents active in the management of the Applicant.

Officers:

Title _____
First Name _____ Middle Name _____
Last Name _____
Business Street Address _____
City, State, Zip Code _____
Phone Number (____) _____ Fax Number (____) _____
Email Address _____@_____.

Title _____
First Name _____ Middle Name _____
Last Name _____
Business Street Address _____
City, State, Zip Code _____
Phone Number (____) _____ Fax Number (____) _____
Email Address _____@_____.

Title _____
First Name _____ Middle Name _____
Last Name _____
Business Street Address _____
City, State, Zip Code _____
Phone Number (____) _____ Fax Number (____) _____
Email Address _____@_____.

Title _____
First Name _____ Middle Name _____
Last Name _____
Business Street Address _____
City, State, Zip Code _____
Phone Number (____) _____ Fax Number (____) _____
Email Address _____@_____.

Attach additional sheets if necessary.

Section B

1. Place checkmark to describe the Applicant:
() Sole Proprietorship () Corporation () Partnership () Joint Venture () Limited Liability Company
2. Provide copies of the documents filed at the time the Applicant was formed including Articles of Incorporation (if a corporation); Articles of Organization (if an LLC); or Certificate of Limited Partnership or Limited Liability Limited Partnership (if a partnership). If the Applicant was not formed in the State of Florida, provide a copy of the documents demonstrating that the Applicant is authorized to conduct business in the State of Florida.

Section C

1. Has there been any change in the ownership of the Applicant within the last five (5) years? (e.g., any transfer of interest to another party)
Yes___ No___ If "Yes," please provide details in the space provided. Attach additional sheets if necessary.

2. Has there been any name change of the Applicant or has the Applicant operated under a different name within the last five (5) years?
Yes___ No___ If "Yes," please provide details in the space provided, including: Prior name(s) and Date of name change(s) filed with the State of Florida's Division of Corporations or other applicable state agency. Attach additional sheets if necessary.

3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?
Yes___ No___ If "Yes," please provide details in the space provided, including:
Prior officers, directors, executives, partners, shareholders, members
Name(s) _____
New officers, directors, executives, partners, shareholders, members
Name(s) _____
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary.

Section D

Provide copies of all fictitious name registrations filed by the Applicant with the State of Florida's Division of Corporations or other state agencies. If none, indicate "None" _____.

Section E

1. Has the Applicant acquired or been acquired by another entity within the last five (5) years?
Yes___ No___ If "Yes," please provide details in the space provided. Attach additional sheets if necessary.

2. Provide the full legal name of any business entity which the Applicant acquired during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application. If none, indicate "None" _____.

Section E (Cont.)

3. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

4. Provide the full legal name of any business entity which acquired the Applicant during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application. If none, indicate "None" _____.

5. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the parent firm's officers, managers, employees and/or the parent firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

Section F

The Applicant must provide a current certificate(s) of insurance. Franchise insurance requirements are determined by Broward County's Risk Management Division and are contained in the Port Everglades Tariff No. 12 as amended, revised or reissued from time to time. The Port Everglades Tariff is contained in the Broward County Administrative Code, Chapter 42, and is available for inspection on line at: <http://www.broward.org/port/tariff>.

Section G

1. The Applicant must provide its most recent audited or reviewed financial statements prepared in accordance with generally accepted accounting principles, or other documents and information which demonstrate the Applicant's creditworthiness, financial responsibility, and resources, which the Port will consider in evaluating the Applicant's financial responsibility.

2. Has the Applicant or entity acquired by Applicant (discussed in Section E herein) sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it within the last five (5) year period?
Yes___ No___
If "Yes," please provide the following information for each bankruptcy or insolvency proceeding:
 - a) Date petition was filed or relief sought
 - b) Title of case and docket number
 - c) Name and address of court or agency
 - d) Nature of judgment or relief
 - e) Date entered

Section G (Cont.)

3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for the business or property of the Applicant?

Yes___ No___

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

4. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for any entity, business, or property acquired by the Applicant?

Yes___ No___

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

Section H

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference _____ Nature of Business _____

Contact Name _____ Title _____

Legal Business Street Address _____

City, State, Zip Code _____

Phone Number (____) _____

(Provide three others on a separate sheet.)

Section I

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank, in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department.

2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?

Yes___ No___

If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

Section J (Cont.)

- 2) Provide Applicant's previous business history as it relates to providing seaport security services at Port Everglades, and at any other U.S. seaport within the last five (5) years.
- 3) Provide copies of all local, state and federal licenses, including:
 - a) a copy of the Applicant's State of Florida Business License.
 - b) a copy of security agency's Manager's "M" or "MB" License and a copy of the security agency's "B" or "BB" License issued by the Florida Department of Agriculture and Consumer Services.
 - c) a copy of the Applicant's current Broward County Business Tax Receipt (formerly Occupational License).
- 4) Provide a list of Applicant's current managerial employees, including supervisors, superintendents, and forepersons who will be assigned to Port Everglades. Provide resumes of Applicant's current managerial employees, to include the experience and length of time performing specific seaport security duties.

SECURITY EQUIPMENT

- 1) Provide a list of all metal detection devices, walk-through and hand held, as well as all luggage and carry on x-ray machines owned or leased, to be used or domiciled at Port Everglades. Listing must include brand name and model.
- 2) Provide a copy of all manufacturers recommended service intervals and name of company contracted to provide such services on all aforementioned equipment.
- 3) Provide description of current method employed to assure all equipment is properly calibrated and functioning.
- 4) Provide current training requirements and training syllabus for employees operating x-ray equipment. Highlight emphasis on weapon and contraband identification. Include equipment operator certificates, if any.

SECURITY GUARDS / SUPERVISORS

- 1) Provide Applicant's background requirements, education, training etc., for personnel hired as security guards.
- 2) Provide historic annual turnover ratio for security guards.
- 3) Provide a copy of Applicant's job training program/policy including a copy of training curriculum and copies of all manuals and take-home materials made available to security guards. Include information regarding frequency of training.
- 4) Provide background requirements, experience, licensing and any and all advanced training provided to supervisory personnel.

Section J (Cont.)

- 5) Provide present policy for individual communication devices either required of security guards or supplied by the employer.
- 6) Provide procurement criteria and source as well as Applicant's certification requirements for K-9 workforce.
- 7) Provide information on the number of security guards / supervisors currently employed or expected to be employed to provide security services at Port Everglades.

Supervisors _____
Class D Guards _____
Class G Guards _____
K-9 Handlers _____

Section K

- 1. Provide a copy of Applicant's safety program.
- 2. Provide a copy of Applicant's substance abuse policy.-

Section L

- 1. Has the Applicant received any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies within the past five (5) years?
Yes___ No___
- 2. Has the Applicant received any violations from the U.S. Coast Guard within the past five (5) years? Yes___ No___
- 3. Has the Applicant received any notices of violations or orders from the Occupational Safety and Health Administration within the past five (5) years?
Yes___ No___

If you responded "Yes" to any of this section's questions 1, 2, or 3 above, please provide a detailed summary for each question containing the following information:

- a) Name and address of the agency issuing the citation or notice
- b) Date of the notice
- c) Nature of the violation
- d) Copies of the infraction notice(s) from the agency
- e) Disposition of case
- f) Amount of fines, if any
- g) Corrective action taken

Attach copies of all citations, notices of violations, warning notices, and fines issued by local, state, and federal regulatory agencies, all related correspondence, and proof of payment of fines.

Section M

- 1. Provide a description of all past (within the last five (5) years) and pending litigation, legal claims, warning notices and notices of violations in which the Applicant is a named party, whether in the State of Florida or in another jurisdiction, involving environmental laws, rules, or regulations or a public entity crime as defined by Chapter 287, Florida Statutes, or theft-related crime such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals.

Section M (Cont.)

The description must include all of the following:

- a) The case title and docket number
- b) The name and location of the court before which it is pending or was heard
- c) The identification of all parties to the litigation
- d) General nature of all claims being made

If none, indicate "None" _____.

2. Indicate whether in the last five (5) years the Applicant or an officer, director, executive, partner, or a shareholder, employee or agent who is or was (during the time period in which the illegal conduct or activity took place) active in the management of the Applicant was charged, indicted, found guilty or convicted of illegal conduct or activity (with or without an adjudication of guilt) as a result of a jury verdict, nonjury trial, entry of a plea of guilty or nolo contendere where the illegal conduct or activity (1) is considered to be a public entity crime as defined by Chapter 287, Florida Statutes, as amended from time to time, or (2) is customarily considered to be a white-collar crime or theft-related crime such as fraud, smuggling, bribery, embezzlement, or misappropriation of funds, etc. or (3) results in a felony conviction where the crime is directly related to the business activities for which the franchise is sought.

Yes___ No___

If "Yes," please provide all of the following information for each indictment, charge, or conviction:

- a) A description of the case style and docket number
- b) The nature of the charge or indictment
- c) Date of the charge or indictment
- d) Location of the court before which the proceeding is pending or was heard
- e) The disposition (e.g., convicted, acquitted, dismissed, etc.)
- f) Any sentence imposed
- g) Any evidence which the County (in its discretion) may determine that the Applicant and/or person found guilty or convicted of illegal conduct or activity has conducted itself, himself or herself in a manner as to warrant the granting or renewal of the franchise.

Attach additional sheets if necessary.

Section N

PROVIDE:

A statement (and/or documentation) which describes the Applicant's commitment to environmental protection, environmental maintenance, and environmental enhancement in Port Everglades.

By signing and submitting this application, Applicant certifies that it has read and understands the governing rules and regulations for a franchise as provided in Chapter 32, Part II, of the Broward County Administrative Code as amended. For additional information, visit: <http://www.municode.com/resources/gateway.asp?pid=13528&sid=9>.

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 franchise application being denied, or in instances of renewal, a franchise revoked. 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 Broward County during the franchise 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. Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) and/or to its officers, directors, senior management personnel and/or in its business operation as stated in this application, Applicant agrees to provide such updated information to the Port Everglades Department of Broward County including the furnishing of the names, addresses (and other information as required above) with respect to persons becoming associated with Applicant after its franchise application is submitted and any other required documentation requested by Port Everglades Department staff as relating to the changes in the business operation. This information must be submitted within ten (10) calendar days from the date of any change made by the Applicant.

Applicant certifies that all workers performing functions for Applicant who are subject to the Longshore and Harbor Workers' Act are covered by Longshore & Harbor Workers' Act, Jones Act Insurance, as required by federal law.

By signing and submitting this application, Applicant authorizes the Port Everglades Department of Broward County to make any inquiry or investigation it deems appropriate to verify or augment the information contained in this application, and authorizes others to release to the Port Everglades Department of Broward County any and all information sought in such inquiry. Applicant further understands that under the laws of the State of Florida, this application is subject to the Florida Public Records Act (Chapter 119, Florida Statutes) as may be amended.

Signature of Applicant's Authorized Representative _____ Date Signed _____

Signature name and title - typed or printed _____

Witness Signature _____

Witness name-typed or printed _____

Witness Signature _____

Witness name-typed or printed _____

If a franchise is granted, all official notices/correspondence should be sent to:

Name _____ Title _____

Address _____ Phone (____) _____

Applicant Information- Not part of the application

Port Everglades Tariff 12

References to the Port Everglades Tariff 12 as amended or reissued: <http://www.broward.org/port/tariff.htm>

Application Fees

No one may engage in the businesses or provide services at Port Everglades within the listed categories without obtaining a franchise or business permit and otherwise complying with all applicable tariff requirements, and other applicable county, state, and federal regulations. The following fees have been established for conducting business at Port Everglades. Initial processing fees are non-refundable. A separate franchise is required for each category of business. A separate application must be submitted for each franchise requested.

Stevedore

Initial processing fee, assignment fee, or reinstatement fee \$ 11,000.00

Annual Fee \$ 4,000.00

Cargo Handler

Initial processing fee, assignment fee, or reinstatement fee \$ 11,000.00

Annual Fee \$ 4,000.00

Steamship Agent

Initial processing fee, assignment fee, or reinstatement fee \$ 4,000.00

Annual Fee \$ 2,250.00

Marine Terminal Security Service

Initial processing fee, assignment fee, or reinstatement fee \$ 4,000.00

Annual Fee \$ 2,250.00

Tugboat and Towing

Initial processing fee, assignment fee, or reinstatement fee \$ 26,000.00

Annual Fee By Contract

Vessel Bunkering, Vessel Oily Waste Removal,

Vessel Sanitary Waste Water Removal

Initial processing fee, assignment fee, or reinstatement fee \$ 4,000.00

Annual Fee \$ 2,250.00

For first-time franchise applicants, both the initial application fee and the annual fee must be submitted at time of application. Thereafter, annual franchise fees are due and payable each year on the franchise anniversary date, which is defined as the effective date the franchise was most recently granted or renewed.

Note: Check(s) should be made payable to:

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS and be mailed to:

Port Everglades Business Administration Division

1850 Eller Drive, Fort Lauderdale, FL 33316

Required Public Hearing

Staff review of this application will not commence until such time as all of the above requested information and documentation has been provided and the franchise application has been determined by staff to be complete. All of the above requested information and Sections are required to be completed prior to the scheduling of the public hearing. Staff will request that the Broward County Board of County Commissioners set a public hearing to consider the franchise application and hear comments from the public. The Applicant will be notified of the Public Hearing date and is encouraged to attend the Public Hearing.