



Department of Port Everglades
Business Administration Division
1850 Eller Drive • Fort Lauderdale, Florida 33316 • 954-523-3404 • FAX 954-525-1910

BIENNIAL FRANCHISE REVIEW
FOR THE PERIOD JULY 1, 2018, THROUGH JUNE 30, 2020

FOR STEAMSHIP AGENT, STEVEDORE, CARGO HANDLER, TUGBOAT & TOWING, VESSEL
BUNKERING, VESSEL OILY WASTE REMOVAL,
VESSEL SANITARY WASTE WATER REMOVAL, MARINE TERMINAL SECURITY

All information contained in this review shall apply only to the Franchisee, not to any parent, affiliate, or subsidiary entities.

Franchise Type

Franchisee Name (as it appears on the certificate of incorporation/organization/by laws)

Franchisee Legal Business Address

Phone

E-mail Address

Fax

Name of Owner or Binding Officer of the Franchise (person's signature must appear on last page of questionnaire)

Title

Legal Address

Phone

E-mail Address

Fax

Must be Completed

1. Has there been any change in ownership (i.e., any transfer of interest to another party) within the past two (2) years?

If "YES" List prior owner(s)

2. Has there been any company name change within the past two (2) years?

If "YES" List prior company name

3. Has there been any change in principals (officers, directors, executives, partners, shareholders, members, employees or agents) active in management, within the past two (2) years?

If "YES" List names of prior officers, directors, executives, partners, shareholders, members, employees, or agents.

Please provide documentation evidencing the changes including: resolution, or minutes appointing new officers, list of principals with titles and contact information, and effective date of changes.

4. Has the Franchisee received within the past two (2) years, or does the Franchisee have pending any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies?

5. Has the Franchisee received within the past two (2) years, or does the Franchisee have pending any citations, notices of violations, warning notices, or civil penalties from the U.S. Coast Guard?

6. Has the Franchisee received within the past two (2) years, or does the Franchisee have pending any citations, notices of violations, warning notices, or fines from the Occupational Safety and Health Administration?

If you responded "YES" to questions 4, 5 or 6, please provide a summary 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) Disposition of case
- e) Amount of fines, if any
- f) Corrective action taken

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

7. Provide a description of all past or pending litigation, legal claims, warning notices and notices of violation in which the Franchisee 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—within the past two (2) years.

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
- c) The identification of all parties to the litigation
- d) General nature of all claims being made

Indicate if NONE

8. Has the Franchisee or any of its officers, directors, executives, partners, shareholders, members, employees or agents who is or was (during the time period in which the illegal conduct or activity took place) active in the management of the Franchisee been indicted, charged with, found guilty or convicted (with or without an adjudication of guilt) of any state or federal anti-trust law, or any other 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—within the past two (2) years?

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

- a) A description of the case title 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 it is pending or was heard
- e) The disposition (e.g., convicted, acquitted, dismissed, etc.)
- f) Any sentence imposed

By signing and submitting this review, Franchisee 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: [Broward County Administrative Code Chapter 32, Part II](#).

By signing and submitting this review, Franchisee certifies that all information provided in this review is true and correct, and further, understands that providing false or misleading information on this review questionnaire may result in the franchise being revoked. Franchisee hereby waives any and all claims for any damages resulting to the Franchisee from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication of any material or information acquired by Broward County during the franchise review process or during any inquiries, investigations, or public hearings.

Franchisee further understands that if there are any changes to the information provided herein (after the date of the submission of this review questionnaire) and/or to its officers, directors, senior management personnel and/or in its business operation as stated in this review questionnaire, Franchisee 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 Franchisee after its franchise review 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 Franchisee.

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

By signing and submitting this review, Franchisee 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 review and Sections hereto, and authorizes others to release to the Port Everglades Department of Broward County any and all information sought in such inquiry. Franchisee further understands that under the laws of the State of Florida, this review is subject to the Florida Public Records Act (Chapter 119, Florida Statutes).

Company Name

Signature of Authorized
Representative_____

Date

Name of Authorized Representative

Witness Signature_____

Date

Witness Name

Witness Signature_____

Date

Witness Name