

**BROWNSVILLE NAVIGATION DISTRICT
STEVEDORE AND FREIGHT HANDLER'S
LICENSE APPLICATION**

Pursuant to the provisions of Item 421, Brownsville Navigation District Tariff No. 6, application is hereby made for a license to operate as a Stevedore and Freight Handler at the Port of Brownsville, Cameron County, Texas.

In support thereof, the following information is submitted:

Company name:
Principal business address:
Telephone: Fax number: Web Site Address:
Contact for services provided under this license: (Name, address, phone number, fax number, email address)
Address at which books and records are or will be maintained:
Telephone: Fax number:
Form of business entity: (Proprietorship, partnership, corporation, other – please describe)
If a corporation, state of incorporation:
Names and positions of principal officers, and addresses, if different from No. 2.

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Names and addresses of individuals and/or firms owning or having direct or indirect controlling interest in applicant's business:

Nature of applicant's business:

Describe equipment and facilities available to applicant for a carrying on the proposed licensed operation:

Are equipment and facilities owned by the applicant? If not, describe arrangements under which they are available to applicant:

Does applicant currently hold a valid license to perform the proposed service, or similar service, at any other Port? (Please specify the service and the Port or Ports.)

Has applicant actually performed the proposed service within the past six months?

If the answer to the previous question is "Yes", state where and for whom services performed, if the answer is "No", state reason why:

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Documents required to be attached in support of this application:

- _____ 1. **Brownsville Navigation District Credit Application**
- _____ 2. **Financial Information, to include Financial Statements**
- _____ 3. **Brownsville Navigation District Lease Application, with a memorandum from the District's Director of Industrial Development that a suitable lease site to handle the applicant's need for storage and maintenance of their equipment has been located.**
- _____ 4. **Listing of the applicant's officers and managers which includes experience of each in the stevedoring and freight handling industry. Applicant must indicate which of these officers and managers will be assigned on a permanent basis to the Port of Brownsville operations.**
- _____ 5. **Documentation of certification by and good standing with the American Society for Quality Control under ISO 9001:2000 and/or ANSI/ASQ Q9001-2000 standards promulgated by the International Organization Standardization and/or the American National Standards Institute.**
- _____ 6. **Certificates of insurance in compliance with the Stevedore and Freight Handler's Insurance requirement of the Tariff. Certificates of insurance naming the District as an additional insured must be provided before a licensee may begin operations at the Port of Brownsville.**

**APPLICATION FEE
\$10,000.00**

Please complete the above items, and sign the application where indicated below. Return the completed application along with all appropriate attachments, and the application fee to:

**Deborah Lee Duke, Director
Finance and Administration
1000 Foust Road
Brownsville, TX 78521**

Application fee is non-refundable and will not be pro-rated for fractional parts of a year.

STEVEDORE AND FREIGHT HANDLER'S LICENSE

In the event this license application is approved and a license is granted, the applicant agrees to abide by the rules and regulations of the Brownsville Navigation District and the provisions of the Port of Brownsville Tariff No. 6, changes thereto, and reissues thereof. The applicant agrees to maintain compliance with the provisions of Item under which this license is granted.

The person whose signature appears below on behalf of the applicant declares that he/she has read this application, understands its contents to be true and factual, and is authorized to sign on behalf of the applicant.

Signed on this _____ day of _____, _____

on behalf of _____
(Type or print name of applicant)

By: _____

Typewritten Name: _____

Title: _____

Granted by the Board of Commissioners of the Brownsville Navigation District at a meeting held on the _____ day of _____, _____.

By: _____

Typewritten Name: _____

Title: _____

This application will be reviewed by the staff of the Brownsville Navigation District. Applications that are found to comply with the requirements of the Port of Brownsville Tariff No. 6, Item 421, Stevedore and Freight Handler's License, will be presented to the Board of Commissioners during open session of a meeting of the Board for their consideration and action. The applicant and any other persons interested in the application shall have the right to address the Board at the meeting at which this application is considered.

**STEVEDORE AND FREIGHT HANDLER
INSURANCE REQUIREMENTS**

All Stevedore and Freight Handler’s licensees shall provide and maintain minimum insurance coverage as follows:

All policies shall name the District as an additional insured, with the provision that such coverage will not extend to actions resulting from the Port's own sole negligence and all policies shall include a waiver of subrogation in favor of the District on all coverages. The policy or policies shall contain a clause that the insurer will not cancel or change the policy or policies without first giving the District sixty (60) days prior written notice.

Workmen’s Compensation	Limits
a. Employer’s Liability	\$1,000,000.00
b. Longshoremen and Harborworker’s Act	Statutory
c. Jones Act	\$1,000,000.00

Comprehensive General Liability	Limits
Comprehensive General Liability including Broad Form Liability, Personal Injury Liability, Contractual Liability, Products/Completed Operations Liability and including coverage for explosion, collapse and underground, and for goods, vessels, and property of whatever description belonging to others while in the care, custody and control of the Licensee.	
a. Bodily Injury	\$4,000,000.00 each occurrence
b. Property Damage	\$4,000,000.00 each aggregate
c. Combined Single Limit	\$4,000,000.00 comb. single limit

Comprehensive Automobile Liability	Limits
a. Bodily Injury	\$1,000,000.00 each person \$1,000,000.00 each occurrence
b. Property Damage	\$1,000,000.00 each occurrence
c. Combined Single Limit	\$1,000,000.00 Comb. single limit
<u>Automobile Coverage to include:</u>	
All owned vehicles	
All non-owned vehicles	
All hired vehicles	

Coverage on Licensee’s Vessels	Limits
Protection and Indemnity – including crew	Value of vessel or \$1,000,000.00 limit (whichever is greater)

Pollution Insurance	Limits
Pollution Liability	\$1,000,000.00 each occurrence \$1,000,000.00 each aggregate

The above minimum requirements may be covered exclusively by primary insurance or may be covered by a combination of primary and umbrella liability insurance. Each insurance policy shall have a combined deductible and/or self-insurance retention of no more than \$50,000.00.

Certificates of insurance shall be furnished to the District.



LEASE APPLICATION

GENERAL INFORMATION

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____ WEB PAGE _____

REFERRED BY: _____

SITE INFORMATION

AREA REQUIRED: _____

SPECIAL NEEDS (RAIL, WATERFRONT, ETC.): _____

PURPOSE/INDUSTRIAL ACTIVITY: _____

EFFECTIVE DATE: _____ INITIAL LEASE TERM (1-5 YEARS): _____

RENEWAL OPTIONS DESIRED: _____ FTZ STATUS DESIRED: _____

ESTIMATED ANNUAL TONNAGE: _____ ESTIMATED ANNUAL RAILCARS: _____

ESTIMATED TOTAL EMPLOYEES: _____

RENT PAYABLE TERMS: _____

CORPORATE INFORMATION

CORPORATION _____

PARTNERSHIP _____

INDIVIDUAL _____

LLC _____

PRINCIPAL OFFICERS AND TITLES:

PERSON RESPONSIBLE FOR LEASE APPLICATION: _____

TITLE: _____ PH: _____

SIGNATURE: _____

The Brownsville Navigation District Board of Commissioners reserves the right to withhold approval of any lease, sublease, assignment of lease or amendment if the party requesting such approval (the "Applicant) or any affiliate of such party has an account with the BND which is not current.

FOR CORPORATION OR LIMITED PARTNERSHIPS ONLY:

Are the principals able to individually guarantee the lease, or would they prefer to post a bond? _____

CREDIT INFORMATION

LIST BANK/CREDIT REFERENCES:

CORPORATIONS: Provide copy of Charter and Resolution naming person(s) authorized to sign lease documents, etc.

PARTNERSHIPS: Provide copy of Partnership Agreement.

INDIVIDUALS: Provide an Assumed Name Certificate.

LLC: Provide Articles of Organization.

ALL APPLICANTS MUST FURNISH FINANCIAL STATEMENTS

For BND Use

Brownsville Navigation District Financial Information Required in Support of Application

(Please attach your responses on a separate sheet.)

CORPORATIONS (ESTABLISHED)

1. Provide the full and official corporate name and the address and phone number of the corporate headquarters.
2. State where the corporation is chartered.
3. List any related companies and indicate their relationship to this corporation, identify the address of the corporate headquarters, their phone number, state of incorporation and the name and contact information of an officer of the company.
4. Provide an interim financial statement for the current year.
5. Provide the most recent financial statement (Balance Sheet and Profit and Loss Statements) for the most recent two complete years.
6. List the principals of the corporations, their position with the corporation, their address and phone number.
7. List bank references, including bank account numbers and the officers who handle the accounts. Provide reference letters from the banks to the District.
8. Provide six trade references from whom purchases have been made within the past 60 days.
9. Provide the corporation's Federal Identification Number and Dun and Bradstreet number.

CORPORATIONS (NEWLY FORMED)

1. Provide the full and official corporate name and the address and phone number of the corporate headquarters.
2. State where the corporation is chartered.
3. List any related companies and indicate their relationship to this corporation, identify the address of the corporate headquarters, their phone number, state of incorporation and the name and contact information of an officer of the company.
4. Provide an interim financial statement for the current year, if possible. If no financials are available, please provide a copy of the most recent bank statement(s) for the corporation.
5. List the principals of the corporations, their position with the corporation, their address and phone number.
6. List bank references, including bank account numbers and the officers who handle the accounts. Provide reference letters from the banks to the District.
7. Provide the corporation's Federal Identification Number and Dun and Bradstreet number.
8. Provide the most recent financial statement (Balance Sheet and Profit and Loss Statements) for the most recent two complete years for the principals of the corporation.
9. List bank references for the principals of the corporation, including bank account numbers and the officers who handle the accounts. Provide reference letters from the banks to the District.
10. Provide six trade references from whom purchases have been made by the principals within the past 60 days.

**Brownsville Navigation District
Financial Information Required in Support of Application**

INDIVIDUALS AND PARTNERSHIPS

1. List the full name of the individual, his address and phone number, or list the partners, their position with the corporation, their addresses and phone numbers.
2. Provide the full and official business name or d/b/a, and the address and phone number of the billing office. State where the d/b/a papers have been filed.
3. List any related companies and indicate their relationship to this individual or partnership, identify the address of the corporate headquarters, their phone number, state of incorporation and the name and contact information of an officer of the company.
4. Provide an interim financial statement for the current year, if possible. If no financials are available, please provide a copy of the most recent bank statement(s) for the individual or the partners.
5. Provide the most recent financial statement (Balance Sheet and Profit and Loss Statements) for the most recent two complete years for the individual or the partners.
6. List bank references for the individual or the partnership, including bank account numbers and the names of the officers who handle the accounts. Provide reference letters from the banks to the District.
7. Provide the individual's or the partners' Federal Identification Number(s) and Dun and Bradstreet number(s).
8. Provide six trade references from whom business-related purchases have been made by the individual or the partners within the past 60 days.

FINANCIAL STATEMENTS MUST BE SIGNED BY AN AUTHORIZED OFFICIAL

Brownsville Navigation District

1000 Foust Road

Brownsville, TX 78521

(956) 831-4592 fax (956) 831-5106

CREDIT APPLICATION

Applicant's Trade Name _____		Phone () _____	
		Fax () _____	
Mailing Address _____	Taxpayer ID Number _____		
	Company Web Site _____		
Business Style:	Proprietorship <input type="checkbox"/>	Corporation <input type="checkbox"/>	
	Partnership <input type="checkbox"/>	Other _____ <input type="checkbox"/>	
Owners or Principal Officers			
Name	Title	Home Address	Cell/Home Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Business Established _____	At Present Location Since _____	Under Present Ownership Since _____	
Banking Information			
Bank and Branch _____	Account Number _____		
Address _____			
Bank Officer _____			
Trade References: Name, Complete Address and Phone Number			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

**Brownsville Navigation District
CREDIT APPLICATION**

Manager's Information			
Name	Title	Home Address	Home Phone
Billing Information			
Billing Address	Billing Contact	eMail Address	Direct Phone
Terms and Conditions of this Application			
<p>It is understood that this is a credit application for an open account with the Brownsville Navigation District to be used for the purchase of goods and/or services. It is further understood that all invoices and purchases under this credit plan are due and payable within thirty (30) days from the due date of the invoice, with the exception of invoices issued under a ground lease contract which contain their own terms. Any and all invoices, or portions thereof, that remain unpaid beyond the due date of the invoice shall be subject to a finance charge under the terms of the then-effective Port of Brownsville Tariff.</p>			
Applicant's Signature and Authorization for Release of Information			
<p>I have read and understand the above and agree to its terms and conditions. I hereby authorize my bank and my trade references to release to the Brownsville Navigation District that information requested by the District in order to grant credit under this application.</p>			
Signature of Owner or Principal Officer		Title	
Authorized Purchasing Agents			
The following persons are authorized to purchase services and charge said services to this account.			
1.			
2.			
3.			
4.			
5.			

All information must be provided and this form must be signed and returned to the Brownsville Navigation District before credit may be granted.

Current Financial Statements must be submitted with this application

Credit Approved By	Account Number Assigned:
Date:	Credit Limit Assigned: