

PORT USER LICENSE APPLICATION
Board of Trustees of the Galveston Wharves (Port of Galveston)
CY 2013

In accordance with the provisions of the Board of Trustees of the Galveston Wharves (Port of Galveston) Tariff Circular No. 6, as it may from time to time be amended, application is hereby made by the undersigned for a Port User License authorizing the Applicant to have access to certain property under the management and control of the Board of Trustees of the Galveston Wharves (Port of Galveston) and to conduct permitted business within the Port of Galveston. In support thereof, the undersigned Applicant submits the following information to:

Port Director
Board of Trustees of the Galveston Wharves (Port of Galveston)
123 Rosenberg Avenue (25th Street), 8th Floor, Galveston, Texas 77550
P.O. Box 328, Galveston, Texas 77553

1. Applicant: _____
Address: _____ City _____ State _____ Zip Code _____
Phone: (____) _____ (____) _____ Fax: (____) _____
e-mail: _____ website: _____
2. Describe in detail the type of business you intend to conduct on property under the management and control of the Board of Trustees of the Galveston Wharves (Port of Galveston). Please include information on how you intend to operate this business.

3. State of Texas Taxpayer I.D. Number: _____
4. Standard Industrial Code (SIC): _____
5. Insurance certificate for the insurance coverages required of a Port User as listed in Tariff Circular No. 6, as amended periodically, or otherwise prescribed by the Board. The Board of Trustees of the Galveston Wharves (Port of Galveston) and the City of Galveston must be named as an Additional Insured with Waiver of Subrogation.

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6. Provide names, addresses and Texas Driver License Number of individuals employed by the Applicant who will actually engage in, or supervise, applicant’s business operation on Port property. Please indicate which individuals, if any, have Transportation Worker Identification Credential (TWIC), which is required to enter Security Gate 40 and Security Gate 14. For information: <https://twicprogram.tsa.dhs.gov/>

Name	Address	Date of Birth	Texas Driver License No.

(If necessary, please list additional personnel on a supplemental sheet and attach to this application.)

7. Has Applicant or any employee performing permitted activities on Port property ever been convicted of a crime, meaning a felony or misdemeanor, whenever or wherever such conviction may have occurred? Yes _____ No _____
 (If yes, Applicant and/or employee must contact the Chief of Port Police at (409) 766-6173 to discuss this matter.)
8. Provide detail description of vehicles, including license plate numbers, vehicle identification numbers (VIN’s), seating capacity, year, make and model. If necessary, please list additional vehicles on a supplemental sheet and attach to this application.

State & Plate	Vehicle Identification No.	Seating Capacity	Year	Make	Model

9. List the names, addresses and telephone number for three (3) business references:

Name	Address	Telephone Number

Notice to Applicants

The Applicant agrees, in the event this application is approved and a license is granted, to abide by all Federal, State, Local and Board of Trustees of the Galveston Wharves (Port of Galveston) laws, ordinances, rules and regulations and all the provisions of the Board of Trustees of the Galveston Wharves (Port of Galveston) Tariff Circular No. 6, as amended periodically.

In consideration for the issuance of this License, User agrees that Wharves shall not be liable or responsible for, and shall be saved and held harmless by User, from and against any and all suits, actions, losses, damages, claims, or liability of any character, type, or description, including all expenses of litigation, court costs, and attorney fees and expenses, for injury or death to any person, or injury to any property, received or sustained by any person or persons or property, arising out of, or occasioned by, directly or indirectly. User's actions while present on the Property or User's presence on the Property, ***INCLUDING, CLAIMS AND DAMAGES ARISING IN WHOLE OR IN PART FROM THE NEGLIGENCE OR OTHER WRONGFUL ACT OF WHARVES, ITS AGENTS, EMPLOYEES, TRUSTEES, OR REPRESENTATIVES. IT IS THE EXPRESS INTENT OF THE PARTIES TO THIS AGREEMENT THAT THE PROVIDED FOR IN HEREIN IS AN INDEMNITY EXTENDED BY USER TO INDEMNIFY AND PROTECT WHARVES FROM THE CONSEQUENCES OF WHARVES' OWN NEGLIGENCE AND THAT OF ITS AGENTS, EMPLOYEES, TRUSTEES, OR REPRESENTATIVES WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTORY CAUSE OF THE RESULTANT INJURY, DEATH, OR DAMAGE. USER FURTHER AGREES TO DEFEND, AT ITS OWN EXPENSE, ANY CLAIM OR LITIGATION BROUGHT IN CONNECTION WITH ANY SUCH INJURY, DEATH, OR DAMAGE.***

By signing this application, Applicant, or the person signing this application on behalf of the Applicant, attests that all the information provided is true and correct and based on personal knowledge, and acknowledges that the falsification or misrepresentation of any information contained herein will disqualify the Applicant from being granted a Port User License and may subject the Applicant to criminal prosecution.

All applicants for a Port User License require background reference check that include but not limited to credit reports; copies of all records or information, if any, held or acquired or accessible by or through any federal, state or local law enforcement agency; copies of any records or information related to any federal, state or local civil or administrative proceeding or investigation; and /or copies of any business or financial records or information from any bank or other financial institution.

In consideration of this application for Port User License, the Board of Trustees of the Galveston Wharves is authorized to make any inquiries so outlined in the above "Notice to Applicants." In so doing, I consent to allow any agency or individual to provide this information as requested. A reproduction of this request may be accepted as an original.

Signature of Applicant _____ Date _____

Printed Name and Title _____

