



CITY OF FORT LAUDERDALE
VEHICLES FOR HIRE APPLICATION RENEWAL

Date: \_\_\_\_\_

TYPES OF CERTIFICATE

NUMBER OF VEHICLES

- A. TAXICAB
B. MOTEL OR HOTEL COURTESY CARS
C. COURTESY CAR
D. RENTAL CARS WITH CHAUFFEURS OR SIGHTSEEING
E. NON MOTORIZED VEHICLES-FOR HIRE
F. NON MOTORIZED VEHICLES-SELF PROPELLED

REQUIRED INFORMATION

Note: Additional information for each category can be obtained by reading Section 27-192 of the Code of Ordinances of the City of Fort Lauderdale.

THE RENEWING APPLICANT IS:

NOT INCORPORATED

- INDIVIDUAL BUSINESS ENTITY CORPORATION

Individual / Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1) The number of motor vehicles the applicant desires to operate, including a brief description of each (make, model and year), and the corresponding vehicle identification number (VIN) and license plate number.

Definitions (Section 27-1)

Rental car with chauffer means any passenger-type vehicle for hire that is rented with a chauffeur driver by the hour, day, week, or month.

Sightseeing vehicle means a vehicle for hire transporting passengers over the streets of the city in accordance with a contract previously made between the owner or operator and the passenger.

Applicant must attach a brief description of each vehicle desired to this application and label as EXHIBIT 1.

Exhibit 1 is attached to this application.



2) **The rate and fares proposed to be charged. The applicant shall agree that all changes in rates and fares or charges whether increased or decreased shall be set by the city commission.**

Vehicle Type: \_\_\_\_\_

Proposed rate and/or fare: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_

Proposed rate and/or fare: \_\_\_\_\_

**NOTE:** If additional space is needed for rates and/or fares please attach a separate sheet and label it **EXHIBIT 2**; check box below if exhibit is being provided.

**Exhibit 2** is attached to this application.

<p><b><u>Rates, Fares and charges agreement</u></b></p> <p>I, _____, the applicant agrees that all changes in rates, fares or charges, whether increased or decreased, shall be set by the city commission.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Applicant</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Applicant (print or type)</p> <p>Sworn to &amp; subscribed before me this _____ day of _____, 20____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Notary</p>
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The permanent location at which such vehicle(s) will be stored or parked when not in use.

Permanent Location: \_\_\_\_\_

\_\_\_\_\_



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**3) *The identity of the actual owner or owners of such vehicle(s) if the applicant does not own such vehicle(s).***

- The applicant is the owner of the vehicle(s) listed in this application.
- The applicant does not own the vehicle(s) listed in this application.

The vehicle(s) is/are owned by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**NOTE:** Where additional space is needed due to multiple owners or partial ownership by the applicant and another person, attach separate sheets and label them as **EXHIBIT 3**. Please check the box below if extra sheets are provided. Leave box blank if all the ownership information is provided on this form.

- Exhibit 3** is attached to this application.

**4) *A financial statement prepared by a certified public accountant.***

**NOTE:** A certified financial statement must be attached to this application; please label it as **EXHIBIT 4**. The ordinance requires that the statement be certified. The application cannot be forwarded to the Community Services Board without the certification. Check box below when this has been attached.

- Exhibit 4** is attached to this application.

**5) *A profit and loss statement, if the applicant is the holder of a certificate of public convenience and necessity.***

- The applicant is not a holder of a certificate(s).
- The applicant is the holder of a certificate. A profit and loss statement has been labeled as **EXHIBIT 5** and attached to this application.

**6) *An accurate certified account of records for the previous year or the nearest accounting period, including a profit and loss statement for the previous year, setting forth earning and expenditures for operation, insurance premiums paid including but not limited to unemployment, workers compensation, social security, and public liability.***

- An accurate certified account of records as described in subsection (8) above has been labeled as **EXHIBIT 6** and attached to this application.



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**7) Each application for a certificate of public convenience and necessity shall be accompanied by tender of the license fee as a provided by Section 15-57 if this Code.**

The license fee is attached to this application. Fee Amount \_\_\_\_\_

**8) A comprehensive listing of any violation or complaints made against the applicant, or against the present business entity or against any former business entity that involved any of the same corporate officers, directors, managers, or partners, as applicable, regarding vehicle(s) for hire incidents that occurred in the State of Florida.**

Are you the applicant currently operating a business regarding vehicles for hire?

Yes       No

If yes, business name: \_\_\_\_\_

Have you, the applicant been involved in vehicle(s) for hire in the past?

Yes       No

Have you, the applicant been involved with another business regarding vehicle(s) for hire?

Yes       No

If yes, business name: \_\_\_\_\_

Are any of the corporate officers, directors, managers or partners involved in any business regarding vehicle(s) for hire or have they ever been involved in a business regarding vehicle(s) for hire?

Yes       No

If yes: Name of Person \_\_\_\_\_

Business Name \_\_\_\_\_

Names of Person \_\_\_\_\_

Business Name \_\_\_\_\_

**NOTE:** Attach extra sheets if more room is needed. Please label as **EXHIBIT 7** and check box below.

**Exhibit 7** is attached to this application.

Provide a comprehensive listing of any violations or complaints that would be included in subsection (10) of the ordinance section. Label the attached sheet(s) **EXHIBIT 8**.



**Venice of America Transportation and Mobility Department**

- I do not have any violations or complaints that meet the requirements of Section 27-192(b) (10) to report.
- I have provided a comprehensive listing of the violations and/or complaints that must be reported per Section 27-192(b) (10) of the Code of Ordinances. It is labeled as **Exhibit 8**.

**9) Sec. 27-193. Insurance required.**

a) After a certificate is issued but before a permit is issued to any person or corporation to operate a rental car with chauffeur and/or sightseeing vehicle, the applicant for such permit shall place in the hands of the city license inspector a policy or policies of public liability and property damage insurance for each vehicle operated as follows:

Type of Vehicle	Public Liability Policies Amount	Property Damage Policies Amount
Rental Car with Chauffeur	\$50,000.00/\$100,000.00	\$5,000.00
Sightseeing vehicle	\$100,000.00/\$300,000.00	\$25,000.00

b) All such public liability and property damage insurance policies shall be written by companies having, or enjoying a B and BB rating and authorized to transact business in the state. Such policies shall be deposited with the license inspector or the city and shall be kept in full force and effect by the applicant at all times. Failure to file such policy with the city license inspector or to keep same in full force and effect shall automatically cancel and void the certificate of public convenience and necessity or permit granted to the rental car with chauffeur and/or sightseeing vehicle covered by such policy.

Please note that this application will be forwarded to the Police Department for a list of all violations and/or complaints that may be a part of public record.

**10) The date the application is made.**

DATE: \_\_\_\_\_

**I hereby swear the above information if true.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant (print or type)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary

(Office Use Only) Application received on \_\_\_\_\_ by \_\_\_\_\_