



miamidade.gov

TAXICAB ADVISORY GROUP APPLICATION

(APPLICATION DEADLINE SUBMISSION IS MARCH 29, 2013)

Name: _____ Title: _____

Company Name: _____ For-Hire/Chauffeur License #: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

1. Please review vacant member categories below: Check all desired categories you qualify for and desire to participate in if chosen to serve on the Taxicab Advisory Group (TAG).

- Four checkbox options for member categories: Taxicab Passenger Service Company Principals, For-Hire Taxicab Medallion Holder who is not an owner-driver chauffeur, Full-time Taxicab Chauffeurs who have no interest in a taxicab medallion, Full-time Taxicab Chauffeur Owner-drivers.

2. List all For-Hire transportation businesses to which you have a financial interest in:

Three horizontal lines for listing businesses.

or, check box below:

- One checkbox option: I do not have a financial interest or vesture in any for-hire transportation business.

3. Provide a detailed description of your For-hire background and qualifications. You may attach a resume or detailed Bio.

4. Explain your desire to serve on the Taxicab Advisory Group?

5. Regular scheduled Taxicab Advisory Group meetings are held quarterly. What, if any, could prevent you from attending quarterly meetings on a regular basis?

6. Do you or your business have any unpaid civil citations, unpaid administrative hearing costs, unpaid enforcement costs, or unpaid liens owed to Miami-Dade County?

- Two checkbox options: Yes, No

(Please attach additional pages as necessary)

