

**LIMOUSINE FOR-HIRE LICENSE  
APPLICATION  
(STRETCH, SUPER-STRETCH, ANCIENT,  
ANTIQUE, AND COLLECTIBLE)**

**APPLICATION FOR PROVIDERS OF STRETCH, SUPER-  
STRETCH, ANCIENT, ANTIQUE, OR COLLECTIBLE  
LIMOUSINE SERVICE**

**INFORMATION SHEET**

This document contains the procedure to be followed by the operators who desire to apply for a for-hire limousine license to provide stretch, super-stretch, ancient, antique or collectible limousine service. Listed below are the classes of services and their definitions:

- STRETCH:** Is defined as a sedan cut and stretched a minimum of forty-two (42) inches beyond its standard basis, manufactured to carry between six to eight (6-8) persons, excluding the driver. Vehicle shall not be older than 10 model years of age.
- SUPER-STRETCH:** Is defined as a luxury vehicle stretched a minimum of one hundred twenty (120) inches beyond its standard basis and manufactured to carry nine (9) or more passengers, including the driver. Vehicle shall not be older than 10 model years of age.
- ANCIENT:** Is defined as a luxury motor vehicle manufactured in 1945 or earlier, equipped with an engine manufactured in 1945 or earlier or manufactured to the specifications of the original engine. (Section 320.086(1), Florida Statutes).
- ANTIQUE:** Is defined as a luxury motor vehicle manufactured after 1945 and of the age of 30 years or more after the date of manufacture, equipped with an engine of the age of 30 years or more after the date of manufacture. (Section 320.086(2), Florida Statutes).
- COLLECTIBLE:** Is defined as a luxury motor vehicle of the age of 20 or more years from the date of manufacture, equipped with an engine and parts of the age of 20 years or more from the date of manufacture.

A separate for-hire limousine license is required for each class of service that the applicant desires to furnish. For example, if an operator desires to provide super-stretch, stretch and collectible limousine service, three (3) applications, one per class of service should be submitted. The operator may operate more than one vehicle of the same class per license by obtaining a valid and current operating permit for each vehicle. Each applicant is required to submit an application in person or through the mail to the Passenger Transportation Regulatory Division (PTRD), 601 NW 1<sup>st</sup> Court, Miami, FL 33136.

**INSTRUCTIONS:**

- Complete and notarize the application form. Type or print neatly.
- All questions must be answered completely by applicant. Do not leave blanks. Note N/A if not applicable.
- **Submit as attachment #1** copy of the Articles of Incorporation or fictitious name registration, where applicable.
- **Submit as attachment #2** a \$375.00 application fee, (Check or Money Order made payable to Miami Dade County). Included in the new application fee is a \$25.00 Florida Department of Law Enforcement (FDLE) criminal background check. Submit an additional \$25.00 FDLE fee for each additional individual, officer or director.

**Department of Transportation & Public Works  
Passenger Transportation Regulatory Division**

601 NW 1<sup>st</sup> Court, 18<sup>th</sup> Floor  
Miami, FL 33136  
Tel 786-469-2323 Fax 786-469-2313

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**1 CLASS OF TRANSPORTATION SERVICE:**

NOTE: This application may be used to apply for a single for-hire license. A separate application is required for each class of service that the applicant desires to furnish. For stretch, super-stretch, ancient, antique and collectible limousines more than one vehicle are authorized to operate per for-hire license.

Class of service to be provided (Refer to the Information Sheet for explanation of the classes of service): Check one

Stretch       Super Stretch       Ancient       Antique       Collectible

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**2 APPLICANT INFORMATION**

**(A) APPLICANT IDENTIFICATION:**

1. To be completed if applicant is an individual:

**Full Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Business Name \_\_\_\_\_ Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_ Fax No. \_\_\_\_\_

2. To be completed if applicant is a partnership:

**Name of Partnership** \_\_\_\_\_  
Partnership Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Date and location partnership formed \_\_\_\_\_  
Business Name \_\_\_\_\_ Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_ Fax No. \_\_\_\_\_

**Full Name of Partner** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Percentage of Interest \_\_\_\_\_  
Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Full Name of Partner** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Percentage of Interest \_\_\_\_\_  
Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Business Name \_\_\_\_\_ Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

**LIST ALL OTHER PARTNERS ON SEPARATE SHEET**

3. To be completed if applicant is a corporation:

**Name of Corporation** \_\_\_\_\_  
 Corporation Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Date and location corporation formed \_\_\_\_\_  
**Business Name** \_\_\_\_\_ **Business Address** \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ **Business Phone** \_\_\_\_\_  
 E-Mail \_\_\_\_\_ **Fax No.** \_\_\_\_\_

**Name of Corporate Resident Agent** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Full Name of Officer/Director/Shareholder** \_\_\_\_\_  
 Title(s) \_\_\_\_\_ Percentage (%) of Shareholder Interest \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Residence Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Full Name of Officer/Director/Shareholder** \_\_\_\_\_  
 Title(s) \_\_\_\_\_ Percentage (%) of Shareholder Interest \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Residence Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Full Name of Officer/Director/Shareholder** \_\_\_\_\_  
 Title(s) \_\_\_\_\_ Percentage (%) of Shareholder Interest \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Residence Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**LIST ALL OTHER OFFICERS/DIRECTORS/SHAREHOLDERS ON SEPARATE SHEET**

**3** TRANSPORTATION EXPERIENCE

Are you now or have you within the last five (5) years been engaged in transportation business activities?  
 NO [ ] YES [ ] If yes, complete the following:

STATEMENT OF SERVICES PROVIDED:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4** DESCRIPTION OF VEHICLE(S)

(A) Vehicle exterior markings, if any

- |                         |                                       |
|-------------------------|---------------------------------------|
| 1. Trade Name _____     | 2. Telephone Number _____             |
| 3. Other markings _____ | 3. Size of markings (In inches) _____ |

(B) Vehicle exterior color scheme (If available, submit picture):

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(C) For each vehicle listed below that will be used, complete the following **(List all other vehicles in a separate sheet):**

YEAR                      MAKE                      MODEL                      TYPE                      NO. OF SEATS                      MILEAGE

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**5 CRIMINAL HISTORY**

Note: In the case of a corporate or partnership applicant, the following information shall be obtained from **ALL** corporate officers and directors or partners, as the case may be. In the case of corporations, the required information shall be obtained from stockholders who own, hold or control five (5) percent or more of the corporation's issued and outstanding stock.

(A) Have you pled nolo contendere, pled guilty, been found guilty or been convicted whether or not adjudication has been withheld of any criminal charge(s) within 5 years of the date of this application?

NO [ ]    YES [ ]    If yes, complete the following for each charge:

NAME                      CHARGE                      DATE                      COURT & LOCATION

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(B) During the last 5 years, have you pled nolo contendere, pled guilty, been found guilty or been convicted of a felony, regardless of whether adjudication has been withheld?

NO [ ]    YES [ ]    If convicted of a felony, have your civil/residency rights been restored? \_\_\_\_\_ If yes, attach proof of restoration.

(C) Have you ever pled nolo contendere, pled guilty, been found guilty or been convicted of any crime wherein a for-hire vehicle was employed whether or not adjudication has been withheld?

NO [ ]    YES [ ]    If yes, explain \_\_\_\_\_

(D) Have you ever pled nolo contendere, pled guilty, been found guilty or been convicted of any felony, regardless of whether adjudication has been withheld, involving moral turpitude relating to sex, the use of a deadly weapon, homicide, trafficking in narcotics or violence against a law enforcement officer?

NO [ ]    YES [ ]    If yes, explain \_\_\_\_\_

(E) Have you ever been enjoined by a court of competent jurisdiction from engaging in the for-hire business or with respect to any of the requirements of Chapter 31 of the Miami-Dade County Code?

NO [ ]    YES [ ]    If yes, explain \_\_\_\_\_

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(F) During the last 5 years, have you pled nolo contendere, pled guilty, been found guilty or been convicted of any misdemeanor, regardless of whether adjudication has been withheld, involving moral turpitude relating to sex?  
NO [ ] YES [ ] If yes, explain \_\_\_\_\_

(G) During the last 10 years, have you pled nolo contendere, pled guilty, been found guilty or been convicted of any offense, regardless of whether adjudication has been withheld, involving trafficking in narcotics? (Note: After said 10 year period, applicant shall be eligible for a for-hire license if and when his/her civil/residency rights have been restored.)  
NO [ ] YES [ ] If yes, explain \_\_\_\_\_

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Note: In the case of a corporate or partnership applicant, the following information shall be obtained from **ALL** corporate officers and directors or partners, as the case may be. In the case of corporations, the required information shall be obtained from stockholders who own, hold or control five (5) percent or more of the corporation's issued and outstanding stock.

(A) Have you ever failed to comply with the terms of a cease and desist order, notice to correct a violation or any other lawful order of the DTPW director?  
NO [ ] YES [ ] If yes, explain \_\_\_\_\_

(B) Do you have any unsatisfied civil penalty or judgment pertaining to for-hire operation?  
NO [ ] YES [ ] If yes, explain \_\_\_\_\_

(C) Have you ever had a for-hire license issued by Miami-Dade County revoked within the last (5) years?  
NO [ ] YES [ ] If yes, explain \_\_\_\_\_

(H) Do you owe money to Miami-Dade County, Florida, either individually or through any other business, as a result of any of the following:  
(i) unpaid civil penalties;  
(ii) unpaid administrative costs for a hearing;  
(iii) unpaid County investigative, enforcement, testing or Monitoring costs; or  
(iv) unpaid liens?

NO [ ] YES [ ] If yes, provide a written explanation for each occurrence.

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7 APPLICANT CERTIFICATION

SS (Verification by Individual)

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE )

Before me, the undersigned authority, this day personally appeared \_\_\_\_\_, who, being by me first duly sworn, deposes and says, that he/she is the applicant in the foregoing application, and that the statements made herein and attached hereto are true and genuine, grants authority to Miami-Dade County to verify the information contained herein, understands that Miami-Dade County reserves the right to deny this application based upon the misrepresentation; alteration; omission; incompleteness of material fact; or for any of the reasons set forth in Section 31-602 (d) of the Code of Miami-Dade County and agrees to comply with all provisions and requirements of Chapter 31 of the Code, should this application be approved and further certifies that any license that may be issued will be subject to any and all future modifications of the Code.

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

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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SS (Verification by

Corporation or  
Partnership association)  
STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE )

Before me, the undersigned authority, this day personally appeared \_\_\_\_\_, who, being by me first duly sworn, deposes and says, that he/she is the \_\_\_\_\_ of \_\_\_\_\_ the applicant in the foregoing application, and that the statements made herein and attached hereto are true and genuine, grants authority to Miami-Dade County to verify the information contained herein, understands that Miami-Dade County reserves the right to deny this application based upon the misrepresentation; alteration; omission; incompleteness of material fact; or for any of the reasons set forth in Section 31-602 (d) of the Code of Miami-Dade County and agrees to comply with all provisions and requirements of Chapter 31 of the Code, should this application be approved and further certifies that any license that may be issued will be subject to any and all future modifications of the Code.

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

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

SEAL

CORPORATE SEAL