Consumer Services Department



Passenger Transportation Regulatory Division 140 West Flagler Street, Suite 904 Miami, Florida 33130-1561 T 305-375-2460 F 305-372-6321 consumer@miamidade.gov www.miamidade.gov/csd

miamidade.gov

NEW AND RENEWAL APPLICATION FOR A PASSENGER SERVICE COMPANY REGISTRATION

INSTRUCTIONS FOR NEW AND RENEWAL APPLICANTS TO COMPLETE APPLICATION:

- Type or print neatly.
- All questions must be answered completely.
- All applications must be complete and submitted in person, <u>by appointment only</u>. All applications will be reviewed at the time of submission. No copies will be provided or accepted.
- Fax numbers and emails provided shall be utilized by this Department to forward any important information or up-coming events.
- Signature of Passenger Service Company owner must be notarized.
- Separate application is required for each passenger service company dispatch telephone number.
- NOTE: Your application will not be processed unless all required attachments are submitted.
- Submit as attachment #1 Affidavit of financial liability
- Submit as attachment #2 A certified financial statement or signed federal tax return for the previous year.
- Submit as attachment #3 A proposed color scheme which will be utilized for each for-hire vehicle operated under the Passenger Service Company (only one dispatch telephone number will be provided in application, also dispatch telephone number must be the same as number shown in color scheme) you may use the form provided or a photograph.
- Submit as attachment #4 a copy of the current, valid Miami-Dade County local business tax receipt (formerly occupational license), section 31-100 (c) (2) of the Miami-Dade Code provides that such place of business shall be in Miami-Dade County and shall be in compliance with applicable zoning requirements for its operations).
- Submit as attachment #5 a copy of the Articles of Incorporation or fictitious name registration for the passenger service company.
- The fee is \$150.00 per application. Check, money order, visa card or master card will be accepted. Make sure your check is payable to Board of County Commissioners.

New Applicants Only

- Submit as attachment #6 two (2) Miami-Dade County written credit references, including at least one (1) bank where the applicant has a current account.
- The bank credit reference must be on bank letter head; be addressed to Director, Passenger Transportation Regulatory Division,CSD, 140 W. Flagler Street, Room 904, Miami, FL 33130; stipulate how long the applicant has had the account, the type of account; the applicant's credit worthiness. The letter shall be signed by an authorized bank representative.
- The business credit references shall be from companies with which the applicant has maintained a business relationship for more than one year and are not affiliated with the applicant or a Credit Bureau Report. The business reference shall be on company letter addressed to Director, Passenger Transportation Regulatory Division, CSD, 140 W. Flagler Street, Room 904, Miami, FL 33130. The references shall stipulate how long the applicant has had an account, the type of account and the applicant's credit worthiness. The letters shall be signed by the business owner.

• Each applicant is required to submit a fingerprint background check. You may have your fingerprints and photograph taken at any Miami-Dade Police Department district station. In case of a corporate or partnership applicant, this information shall be obtained from **ALL** corporate officers and directors or partners, as the case may be. In the case of corporation, this information shall be obtained from stockholders who own, hold, or control five (5) percent or more of the corporation's issued and outstanding stock.

FINGERPRINT AND PHOTOGRAPH CHECKS ARE REQUIRED FOR EACH PARTNER, CORPORATE DIRECTOR, OFFICER, SHAREHOLDER WITH 5% OR MORE SHAREHOLDER INTEREST OR PARTNER.

NOTICE: No applicant shall be eligible for a passenger service company registration if he/she/it:

- (1) Has misrepresented or concealed a material fact on his/her/its application;
- (2) Is an alien who is not duly authorized to work by the immigration laws or the Attorney General of the United States;
- (3) Is a user of alcohol or drugs whose current use would constitute a direct threat to property or the safety of others;
- (4) Has within the last five (5) years pled nolo contendere, pled guilty, been found guilty or been convicted of a felony regardless of whether adjudication has been withheld, unless his or her civil or residency rights have been restored;
- (5) Has 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;
- (6) Has 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, violence against a law enforcement officer under §775.0823, Florida Statutes, or is a habitual violent felony offender under §775.084, Florida Statutes;
- (7) Violated any condition, limitation, or restriction of a for-hire license imposed by the director or commission where the director deems the violation to be grounds for denial;
- (8) Was enjoined by a court of competent jurisdiction from engaging in the for-hire business or was enjoined by a court of competent jurisdiction with respect to any of the requirements of this chapter;
- (9) If the person is a corporation or partnership, a stockholder, officer, director, or partner thereof and has committed an act or omission which would be cause for denying a for-hire license to the officer, director, stockholder, or partner as an individual;
- (10) Failed to comply with the terms of a cease and desist order, notice to correct a violation or any other lawful order of the director;
- (11) Has any unsatisfied civil penalty or judgment relating to the for-hire operations;
- (12) Is not located in Miami-Dade County and/or its place of business is not a properly zoned location;
- (13) Has within the last five (5) years pled nolo contendere, pled guilty, been found guilty or been convicted of any misdemeanor (regardless of whether adjudication is withheld) involving moral turpitude relating to sex; or;
- (14) Has within the last ten (10) years pled nolo contendere, pled guilty, been found guilty or been convicted (regardless of whether adjudication is withheld) of any offense involving trafficking in narcotics. After said ten (10) year period, such person shall only be eligible if and when his or her civil or residency rights have been restored.

APPLICATION FOR PASSENGER SERVICE REGISTRATION

For PTRD Use Only

□ New PSC □ PSC Renewal PSC Registration No.

NOTE: A Passenger Service Company Registration cannot be sold, transferred, assigned or leased. Any change in control or ownership of a passenger service company registration shall immediately terminate the registration and a new passenger service company application shall be filed.

1. APPLICANT INFORMATION

(A)		APPLICANT IDENTIFIC	ATION:									
	1.	To be completed if appli	cant is an individual:									
		Full Name			Date of Birth							
		Residence Address										
		Citv	State	Zip	Home Phone							
		Trade Name(s)			Business Address							
		City	State	Zip	Business Address Business Phone							
		Dispatch Number	Fax No.	r	Email							
	2.	To be completed if applicant is a partnership:										
		Full Legal Name of Partnership										
		Partnership Business M	ailing Address									
		City	State	Zip	Phone							
		Business Phone	Disp	atch No.								
		City State Zip Phone Business Phone Dispatch No Fax No Email										
		Federal Identification Nu	umber									
		Date and location partnership was formed Trade Name(s) Business Address City State Zip Business Phone										
		Trade Name(s)			Business Address							
		City	State		Business Phone							
		ony	0.000	p								
		Full Legal Name of Partner 1 Date of Birth										
		Residence Address										
		City	State	Zin	Home Phone							
		Only		p								
		Full Legal Name of Partner 2 Date of Birth										
		Residence Address										
		City	State	Zin	Home Phone							
		Only		p								
		Name of Agent for Applicant										
		Residence Address										
		City	State	Zin	Home Phone							
		Only		p								
			LIST ADDITIONAL PARTI		Δ SEPARATE SHEET							
	ર	To be completed if appli										
	0.											
		Corporation Address										
		City	State	Zin	Phone							
		Date/location corporation	Oldle	_ Zip	Federal Identification Number							
		Trade Name(s)		Business Address								
			Stata	Zin	Business Phone							
		Dispetch Telephone No.		_ Zip Eav No								
		Email	•	Fax NU								
		Email										
		Nome of Cornerate Dec	ident Agent									
		Addross										
		Audi 622	Stata	Zin	Home Phone							
		V II V	SIALE	Z(I)								

Passenger Service Company Application Page 2

NOTE: Failure to designate an individual with more than 5% of the shares of the corporation will result in the inability to issue the passenger service company registration.

Full Name of Officer/Director/S	Shareholder				
Title(s)					
Date of Birth	Residen	ce Address			
City S					
Full Name of Officer/Director/S	Shareholder				
Title(s)		Percentage (%) of	Shareholder Interest		
Date of Birth	Residen	ce Address			
City S	state	Zip	Home Phone		
Full Name of Officer/Director/S	Shareholder				
Title(s)		Percentage (%) of	Shareholder Interest		
Date of Birth					
City S					

LIST OTHER OFFICERS/DIRECTORS/SHAREHOLDERS ON A SEPARATE SHEET

2. DISCLOSURE TO BE COMPLETED BY ALL APPLICANTS

1. To be completed by all applicants:

List the name, residence address (P. O. Boxes not acceptable), date of birth, and telephone number for any person who has an interest (legal, equitable, beneficial, or otherwise) in the passenger service company registration.

Legal Interest - This includes, among other things, an interest arising out of a contract. Any person who has entered into a contract relating to the purchase of the license (conditional sale) has a legal interest in the license

Equitable Interest - This includes, among other things, a beneficiary in case of a license holders death or divorce. Spouses or other designated beneficiaries have an equitable interest in the license.

Beneficial Interest - Any person who derives a profit, benefit or advantage resulting from a contract with the license holder. This would include any person who benefits in some way through the license holder.

Full Name			Type of Interest		
Residence A	ddress			City	
State	Zip	Home Phone		Date of Birth	
Full Name			Type of Interest		
State	Zip	Home Phone		Date of Birth	
Full Name			Type of Interest		
Residence A	ddress			City	
State	Zip	Home Phone		Date of Birth	
Full Name			Type of Interest		
Residence A	ddress			City	
State	Zip	Home Phone		Date of Birth	
Full Name			Type of Interest		
State	Zip	Home Phone		Date of Birth	

Passenger Service Company Application Page 3

- Is each individual, partner, corporate officer, director, or stockholder authorized to work in the United States by the immigration laws or the Attorney General of the United States?
 NO []YES []
- 3. Is either individual, partner, or corporate officer, director, or stockholder a user of drugs or alcohol? NO []YES []
- Has any individual, partner of the partnership, or corporate officer, director or stockholder of the corporation committed an act or omission which would be cause for denying this passenger service company registration?
 NO []YES [] If yes, provide a written explanation for each occurrence. Include date(s) and circumstances.

3. MANAGEMENT PLAN

Provide information on how the following business functions will be conducted and managed. (You can submit a seperate detailed plan describing services that will be provided to the passenger

Note: Place of business shall be in Miami-Dade County, and shall be in compliance with applicable zoning requirements for its operation.

(A) Full Legal Name of Passenger Service Company Business Address							
	Citv	State	Zip	Office Phone			
	Dispatch No.		Fax No	Office Phone Email			
	Name and experience o						
(C)	Vehicle Maintenance sy	/stem:					
(D)	Complaint Handling sys	stem:					
(E)	System for handling acc	cident(s) and/or ir	njury:				
(F)	System for handling pro	operty left by pass	sengers:				
(G)	Radio or Cellular dispat	tch system includ	ing procedures for r	eceiving passenger calls and di	spatching calls:		

Passenger Service Company Application Page 4

(H)	System for maintenance of business records:

(I) Driver Training Program:

(J) Vehicle Insurance System:

4. CRIMINAL RECORD:

NOTE: This information shall be provided for each partner and any stockholder who owns, holds or controls five (5) percent or more of the corporation's issued and outstanding stock.

Have you pled nolo contendere, pled guilty, been found guilty, or been convicted of a felony within the last five (5) years preceding the date of the application, regardless of whether adjudication has been withheld?

NO []	YES[]	If yes, complete th	e following for each convicti	on:
NAME	∃		CHARGE	DATE	COURT & LOCATION
			ere, pled guilty, been ot adjudication has b		cted of any crime wherein a for-hire vehicle
NO []	YES[]	If yes, complete	the following for each conv	iction:
NAME	Ξ		CHARGE	DATE	COURT & LOCATION
not ac traffic	djudicat king in	ion has been w narcotics, viole	ithheld, involving mo	oral turpitude relating to sex, forcement officer under §77	cted of any felony, regardless of whether or the use of a deadly weapon, homicide, 5.0823 Florida Statutes, or is a habitual
NO []	YES[]	If yes, complete	the following for each conv	iction:
NAME	Ξ	CH	ARGE DATE	COURT &	LOCATION

Passenger Service Company Application Page 5

								und guilty or been convicted of oral turpitude relating to sex?	any
NO []	YES [[] If yes, complete the following for each conviction:						
NAME			CHARGE	DATE		COUR	T & LOC	ATION	
			t ten (10) years has been withh					ound guilty or been convicted (narcotics?	egardless
NO []	YES [] If yes,	complete the	e following fo	or each c	convictior	1:	
NAME			CHARGE	DATE		COUR	T & LOC	ATION	
Has th		ess ever	been in bankru	otcy?	-	-	-] (Provide documented proof) . Include date(s) and circumsta	
directo	or or cor	nmission'	?		·	-		ompany registration imposed by	
NO []153		ii yes, provide	a whiteh exp			currence	. Include date(s) and circumsta	
	you faile of the di		ply with the tern	ns of a cease	and desist	order, no	otice to co	prrect a violation or any other la	wful
NO []	YES[]	lf yes, provide	e a written ex	planation fo	r each o	ccurrence	e. Include date(s) and circumst	ances
Do you	u have a	any unsat	isfied civil pena	lty or civil jud	gment perta	ining to f	or-hire o	perations?	
NO []	YES[]	If yes, comple	te the followi	ng for each	unsatisfi	ed civil p	enalty or judgment:	
NAME			CASE NO.		DATE		CC	OURT & LOCATION	

Passenger Service Company Application Page 6

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

NO []	YES[] If y	If yes, complete the following for each occurrence:						
NAME	CASE NO	. DATE	COURT & LOCATION					

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) (ii) (iii) (iv)	unpaid civil penalties; unpaid administrative costs for a hearing; unpaid County investigative, enforcement, testing or Monitoring costs; or unpaid liens?
NO []YES []	If yes, provide a written explanation for each occurrence.

5. APPLICANT CERTIFICATION (Individual)

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 correct; 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; incompletion of material fact; or for any of the reasons set forth in Section 31-100 (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 he/she has entered into a passenger service agreement with the for-hire license holder for each vehicle it operates, and that he/she has entered into a chauffeurs agreement with each chauffeur who operates or drives a for-hire vehicle for which the passenger service company provides passenger services, should this application be approved.

Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

Notary Public

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APPLICANT CERTIFICATION (Corporation/Partnership)

Before me, the undersigned authority, this day personally appeared ______, who, being by me first duly sworn, deposes ands 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 correct, 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; incompletion of material fact; or for any of the reasons set forth in Section 31-100 (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 he/she has entered into a passenger service agreement with the for-hire license holder for each vehicle it operates, and that he/she has entered into a chauffeurs agreement with each chauffeur who operates or drives a for-hire vehicle for which the passenger service company provides passenger services, should this application be approved.

Signature of Applicant				
SWORN TO AND SUBSCRIBED BEFORE ME THIS		_ DAY OF _		, 20
Notary Public	SEAL		CORPORATE SEAL	

PTRD USE ONLY
Date application received:_____
Fee Amount received: _____