

SPECIAL TRANSPORTATION SERVICES CERTIFICATE OF TRANSPORTATION APPLICATION

MIAMI-DADE COUNTY
CONSUMER SERVICES DEPARTMENT
PASSENGER TRANSPORTATION
REGULATORY DIVISION
140 West Flagler Street, Room 904
Miami, Florida 33130
(305) 375-2460

1 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 _____

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 _____

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 _____

Name of Corporate Resident Agent _____
Address _____
City _____ State _____ Zip _____ Home Phone _____

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

(B) DISCLOSURE TO BE COMPLETED BY ALL APPLICANTS

List the name, residence address, date of birth, and telephone number for any person who has interest (legal, equitable, beneficial, or otherwise) in the for-hire license(s).

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.

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 holder's death or divorce. Spouses or other designated beneficiaries have an equitable interest in the license.

Full Name _____
Type of Interest _____ Description of interest _____
Residence Address _____ City _____
State _____ Zip _____ Home Phone _____ Date of Birth _____

Full Name _____
Type of Interest _____ Description of interest _____
Residence Address _____ City _____
State _____ Zip _____ Home Phone _____ Date of Birth _____

Full Name _____
Type of Interest _____ Description of interest _____
Residence Address _____ City _____
State _____ Zip _____ Home Phone _____ Date of Birth _____

Full Name _____
Type of Interest _____ Description of interest _____
Residence Address _____ City _____
State _____ Zip _____ Home Phone _____ Date of Birth _____

2 REQUESTED TRANSPORTATION OPERATING AUTHORITY

(A) Type of service to be operated under contract (Check appropriate blank spaces):

- I. _____ Non metered sedan service (4 door sedan accommodating 8 persons or less, exclusive of driver)
- II. _____ Passenger Motor Carrier van (9 to 28 passengers, exclusive of driver)
- III. _____ Nonemergency medical transportation vehicle _____ Wheelchair _____ Stretcher

(B) SERVICE AREA(S). Geographic Boundary of area(s) to be served:

(C) SERVICE CHARACTERISTICS:

I. Schedule(s):

II. Trip arranging procedures (including how far in advance):

III. Days and Hours of operations (office and vehicle):

3 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):

(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 YEARS OPERATED

4 MANAGEMENT PLAN

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

(A) Name and experience of proposed General Manager:

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(B) Proposed central place of business:

Address _____

Telephone

Number

(C) Vehicle Maintenance system:

(D) Complaint Handling system:

(E) System for handling accident(s) and/or injury:

(F) System for handling property left by passengers:

(G) Telephone communication system:

(H) System for maintenance of business records:

(I) Driver Training Program:

(J) Vehicle Insurance System (attached copy of certificate of insurance):

5 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:

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6 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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7 FARE & RATE STRUCTURE

List your proposed initial public fare and rate structure. If your application is approved, this rate structure will become official.

8 SERVICE FEASIBILITY

Provide the following information to support the feasibility of the proposed transportation service(s):

(A) Market segment to be served:

(B) Anticipated annual ridership:

(C) Estimated fare revenue (1st year):

(D) Estimated operating expenses (1st year):

(E) Operational plan to implement service:

9 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; 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 certificate 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; 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 certificate 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



AFFIDAVIT OF FINANCIAL LIABILITY

Do you, or any partner(s) or corporate officer(s), if applicable, 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?

Yes:
No:

I hereby certify that all information provided is true and correct. By signing this document, I acknowledge that if the information provided is not true and correct, my registration/permit/certificate will be suspended or revoked.

Print Name: _____ Signature: _____ Date: _____

DECLARACIÓN DE DEUDA FINANCIERA

Usted, o algún socio(s) u oficial(es) de la corporación, si aplica, debe dinero al Condado de Miami-Dade, Florida, ya sea individualmente o a través de cualquier otro negocio, como resultado de cualquiera de lo siguiente:

- (i) penalidades civiles no pagadas;
- (ii) costos administrativos por una audiencia, no pagado
- (iii) costos de investigación, cumplimiento de la ley, pruebas o aviso del Condado, no pagado; o
- (iv) gravámenes, no pagados?

Si:
No:

Por esto yo certifico que toda la información proveída es correcta y verdadera. Firmando este documento yo confieso que si la información proveída no es verdadera y correcta, mi registración/permiso/certificado sera suspendido o revocado.

Imprima el Nombre: _____ Firma: _____ Fecha: _____