Preliminary Transportation Network Entity License Information Sheet

This document contains the procedure to be followed by entities that desire to apply for a Preliminary Transportation Network Entity (TNE) License to provide transportation network entity services defined in the Miami-Dade County Code (Code) as the provision of prearranged transportation services for compensation by a transportation network entity driver through a transportation network entity digital platform. Transportation network entity services do not include ridesharing, as defined in section 341.031 of the Florida Statutes, or carpool arrangements, as defined in section 450.28 of the Florida Statutes, or any other type of shared expense arrangement where the driver receives reimbursement that does not exceed the driver’s cost of providing the ride. The Code also defines digital platform as any internet-enabled technology utilized by a transportation network entity that connects a passenger to a duly certified transportation network entity driver and transportation network entity vehicle via prearranged reservation through a computer, mobile phone, application, web-based reservation or other similar online-enabled technologies that may be developed in the future. TNE license holder shall ensure that the digital platform used by a TNE to connect TNE drivers and passengers displays the first name of the TNE driver, a picture of the TNE driver, the license plate number of the TNE vehicle, a picture of the TNE vehicle or description of the TNE vehicle that, in the Director’s sole discretion is sufficient to enable a passenger to easily identify the vehicle, as well as a system for driver feedback which shall, at a minimum, include a driver rating system. Note that each preliminary license will expire thirty (30) days from the date of issuance unless extended by the Director for good cause shown.

The Department of Transportation and Public Works (DTPW) will be accepting TNE preliminary license applications beginning Monday, May 16, 2016. The application form can be obtained online at www.miamidade.gov/transportation or at our office located at 601 NW 1st Court, 18th Floor, Miami, FL 33136. Applications must be submitted by mail or deliver in-person to the same address, or submitted by email to gonzalr@miamidade.gov. Attention: TNE Licenses, Passenger Transportation Regulatory Division, DTPW 601 N.W. 1st CT., 18th Floor Miami, FL 33126

INSTRUCTIONS:

• Complete and notarize the application form. Type or print neatly.

• Submit as attachment #1 copy of Articles of Incorporation and/or fictitious name registration, where applicable.

• Submit as attachment #2 the proposed TNE signage or display in a digital format to porelle@miamidade.gov (Attention Mr. Pedro Orelle). This marking must be sufficiently large and color contrasted as to be readable during daylight hours at a distance of at least fifty (50) feet when providing TNE services.

• Submit the application fee of $350.00 plus the license fee of $26.00 for each transportation network entity (TNE) vehicle operated. The number of vehicles shall be determined by dividing by the number of TNE vehicles in operation each day during the sixty-day period preceding the date of application by 60. Fees are payable by check, money order, credit card (Master Card, Visa or American Express) or bank wire/transfer (if you decide to pay by wire, please contact the Division for details). Checks and money orders shall be payable to Miami-Dade County. All fees are non-refundable.
Preliminary Transportation Network Entity License Application

Number of TNE Vehicles to be operated: _________    Application Date: ______________

1. APPLICANT INFORMATION

(a) Corporate Applicant (Limited Liability Company/Profit Corporation)

Corporation Name ____________________________________________________________________

Corporate Address ____________________________________________________________________

City __________________________ State _____ Zip __________ Phone __________________

Fax __________________________

Trade Name _________________________________________________________________________

Business Address ___________________________________________________________________

City __________________________ State _____ Zip __________ Phone __________________

Fax __________________________ Email _________________________

Name of Corporate Resident Agent ____________________________________________________

Address __________________________________________________________________________

City __________________________ State _____ Zip __________ Home Phone ________________

Full Name of Officer/Director/Shareholder/Manager ______________________________________

Title(s) _________________________________ Percentage (%) of Shareholder Interest ____________

Date of Birth __________ Residence Address ____________________________________________

City __________________________ State _____ Zip __________ Home Phone ________________

Full Name of Officer/Director/Shareholder/Manager ______________________________________

Title(s) _________________________________ Percentage (%) of Shareholder Interest ____________

Date of Birth __________ Residence Address ____________________________________________

City __________________________ State _____ Zip __________ Home Phone ________________

Full Name of Officer/Director/Shareholder/Manager ______________________________________

Title(s) _________________________________ Percentage (%) of Shareholder Interest ____________

Date of Birth __________ Residence Address ____________________________________________

City __________________________ State _____ Zip __________ Home Phone ________________

Full Name of Officer/Director/Shareholder/Manager ______________________________________

Title(s) _________________________________ Percentage (%) of Shareholder Interest ____________

Date of Birth __________ Residence Address ____________________________________________

City __________________________ State _____ Zip __________ Home Phone ________________

LIST ALL OTHER OFFICERS/DIRECTORS/SHAREHOLDERS/MANAGERS ON SEPARATE SHEET
(b) Partnership Applicant
Name of Partnership ________________________________________________________________
Business Address ___________________________________________________________________
City ________________________________ State _____ Zip __________ Phone __________________
Fax __________________ Email _________________________________________________________
Trade/Business Name ________________________________________________________________

Partner Name _____________________________________________________ DOB _______________
Address _____________________________________________________________________________
City ________________________ State _____ Zip __________ Home Phone ______________________
Email _________________________

Partner Name _____________________________________________________ DOB _______________
Address _____________________________________________________________________________
City ________________________ State _____ Zip __________ Home Phone ______________________
Email _________________________

LIST ALL OTHER PARTNERS ON SEPARATE SHEET

(c) Individual Applicant
Name ___________________________________________________________ DOB _______________
Address _____________________________________________________________________________
City ________________________ State _____ Zip __________ Home Phone ______________________
Business/Trade Name _________________________________________________________________
Business Address _______________________________________________________________________
City _________________________________ State _____ Zip __________ Phone __________________
Fax ____________________________ Email _________________________________________________

2. ADDITIONAL ENTITY INFORMATION
Digital Platform App Name ______________________________________________________________
Company Website ___________________________
24 Hour Customer Service Telephone No. ___________________ Email or hyperlink _____________________

3. APPLICANT CERTIFICATION
(a) 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.

________________________________________________________________________________________

________________________________________________________________________________________
(b) The applicant hereby certifies the following; (Please initial each item)

(I)  _____ All transportation network entity drivers and transportation network entity vehicles are covered by insurance required by Section 31-707 of Article VII, Chapter 31 of the Code; and

(II) _____ All transportation network entity for-hire vehicles operated under the authority of the transportation network entity have passed all required vehicle inspections; and

(III) _____ All transportation network entity drivers operating under the authority of the transportation network entity preliminary license have passed, at a minimum, a Level I background check as required by Section 31-702 (q) of Article VII, Chapter 31 of the Code, and hold a current driver license issued by the State of Florida or are otherwise authorized to operate a motor vehicle in Florida pursuant to Section 322.031, Florida Statutes.

4. NOTARIZED STATEMENT

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 or has the authority to submit this application on behalf of the Applicant; represents that the statements made herein 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, incompletion of material fact, or for any of the reasons set forth in Article VII, Chapter 31 of the Miami-Dade County Code; agrees to operate in compliance with the provisions of Sections 31-702(d), (k), (l), (m), (n) and (p), 31-705, 31-706, 31-707, 31-708 and 31-712; and understands that a transportation network driver operating under the authority of a preliminary license shall, at a minimum, comply with the provisions of Sections 31-703 (a), (b), (c), (d) and (e), 31-705, 31-706, 31-707 and 31-712, and that a transportation network vehicle shall comply with Section 31-708 should this application be approved.

________________________________________
Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME THIS _________ DAY OF MAY, 2016

_________________________________   _______________________________________
Notary Public        Print, Type, or Stamp Commissioned Name of Notary Public