CONSUMER SERVICES DEPARTMENT
PASSENGER TRANSPORTATION REGULATORY DIVISION

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.
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.
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), 140 W. Flagler Street, Suite 904. Applications for this category will be accepted starting **Monday, February 26, 2001.**

INSTRUCTIONS:

- Please use the application form entitled: **LIMOUSINE FOR-HIRE LICENSE APPLICATION (STRETCH, SUPER-STRETCH, ANCIENT, ANTIQUE, AND COLLECTIBLE** to apply under this category.
- 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.

Information Sheet for Stretch, Super-Stretch, Collectible, Antique, Ancient Limousine
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- Submit as attachment #2 proof that the applicant has the right to work in the United States. (This can be a Social Security Card, US Passport, US birth certificate, or a "green card".) In the 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 corporations, 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.

- Submit as attachment #3 two (2) letters of credit reference, including at least one bank where an active account is maintained. In lieu of the second credit reference, the applicant may submit alternative written evidence of financial trustworthiness.

  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 second credit reference shall be from either a company with which the applicant has maintained a business relationship for more than one year and is 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 reference shall stipulate how long the applicant has had an account, the type of account and the applicant's credit worthiness. The letter shall be signed by the business owner.

- Each applicant is required to submit a fingerprint background check. You may have your fingerprints and photograph take at any Miami-Dade Police Department district station. In the 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 corporations, 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.

- The fee is **$350.00** per application. Make your check or money order payable to Board of County Commissioners.

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

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

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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 _____

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 _____

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

(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 _____

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

3 PERSONAL REFERENCES

List three (3) personal references residing in Miami-Dade County
Name _____ Residence Address _____
City _____ State _____ Zip _____ Home Phone _____

Name _____ Residence Address _____
City _____ State _____ Zip _____ Home Phone _____

Name _____ Residence Address _____
City _____ State _____ Zip _____ Home Phone _____

4 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:
_____
_____
_____
_____

5 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

6 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:

_____

_____

(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):

_____
_____
_____

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7 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

(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 _____

(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 _____

8

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) Are you duly authorized to work by the immigration laws or the Attorney General of the United States?
NO ☐ YES ☐

(B) Are you a user of alcohol or drugs whose current use would constitute a direct threat to property or the safety of others?
NO ☐ YES ☐

(C) Have you ever violated any condition, limitation, or restriction of a for-hire license imposed by the CSD director or County commission where the CSD director has deemed the violation to be grounds for denial of a for-hire license?
NO ☐ YES ☐ If yes, explain

(D) 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 CSD director?
NO ☐ YES ☐ If yes, explain _____

(E) Do you have any unsatisfied civil penalty or judgment pertaining to for-hire operation?
NO ☐ YES ☐ If yes, explain _____

(F) Have you ever had a for-hire license issued by Miami-Dade County revoked?
NO ☐ YES ☐ If yes, explain _____

(G) FOR CORPORATE OR PARTNERSHIP APPLICANTS ONLY: Have you as a stockholder, officer, director, or partner of a corporation or partnership 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?
NO ☐ YES ☐ If yes, explain _____

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 ands 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; incompletion 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 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 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 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