

**APPLICATION FOR PERMIT TO OPERATE TAXICAB/VEHICLE FOR HIRE
CORPORATE LIMITS OF CITY/PARISH OF LAFAYETTE, LA
ORDINANCE 0-66 CHAPTER 98 ARTICLE II**

(A) OPERATIONAL INFORMATION

1. NAME OF INDIVIDUAL OWNER/OPERATOR/LESSEE: _____
2. NAME OF CORPORATION/FIRM/LEGAL ENTITY: _____
3. NAME OF ASSOCIATION/ORGANIZATION/MEMBERS: _____
4. DOING BUSINESS AS/TRADE NAME: _____
5. LOCATION ADDRESS OF PLACE OF OPERATION: _____
6. IS THIS LOCATION INSIDE OR OUTSIDE CITY/PARISH: _____
7. DO YOU PLAN TO OPERATE SERVICE INSIDE CITY/PARISH: _____
8. MAILING ADDRESS: _____
9. BUSINESS PHONE OR CONTACT PERSON PHONE: _____

(B) PUBLIC LIABILITY INSURANCE (ATTACH COPY OF POLICY)

1. INSURER: _____
2. DURATION OF POLICY (TERMS NOT LESS THAN 6 MONTHS: _____
3. COVERAGE EACH PERSON, EACH ACCIDENT (DEATH/BODILY INJURY): _____
4. COVERAGE EACH ACCIDENT: _____
5. COVERAGE PROPERTY DAMAGES: _____
6. ADDITIONAL EXCESS OR UMBRELLA POLICY: _____

(C) OPERATIONAL REQUIREMENTS (PLEASE ANSWER YES OR NO)

1. HAVE ALL OPERATIONAL VEHICLES BEEN INSPECTED FOR MECHANICAL EFFICIENCY AND HAVE CURRENT REGISTRATION TAGS BY DEPARTMENT OF PUBLIC WORKS? _____
2. HAS A FEE OF \$20.00 BEEN PAID TO PUBLIC WORKS FOR EACH VEHICLE INSPECTION?: _____
3. HAS THE FEE OF \$10.00 BEEN PAID TO CUSTOMER SERVICE FOR OPERATOR'S PERMIT?: _____
4. HAS A LIST OF ALL THE OPERATOR'S/DRIVERS CHAUFFEUR LICENSES BEEN ATTACHED?: _____
5. HAS EACH DRIVER OBTAINED FROM THE POLICE DEPARTMENT A LICENSE AS REQUIRED?: _____
6. HAS EACH DRIVER PAID THE FEE OF \$20.00 FOR THE LICENSE ISSUANCE?: _____
7. HAS THE FEE OF \$10.00 BEEN PAID TO CUSTOMER SERVICE FOR REGISTRATION?: _____
8. DO YOU HAVE IN YOUR RECORD A MANIFEST WHICH IS CURRENT?: _____
9. HAVE ALL TAXES, LICENSE, FEES AND REGISTRATIONS BEEN PAID TO THE CITY/PARISH AND OR THE STATE OF LOUISIANA?: _____
10. HAVE YOU THE APPLICANT, OWNER, ASSOCIATION, LEGAL ENTITY, CORPORATION, MEMBERS, OR EMPLOYEES, BEEN CONVICTED OF FELONY OR SERVED ANY SENTENCE OF INCARCERATION UNDER THE LAWS OF THE UNITED STATES, STATE OF LOUISIANA, OR OTHER STATE OR COUNTRY WITHIN FIVE (5) YEARS IMMEDIATELY PRECEDING THE DATE OF FILING THIS APPLICATION FOR A PERMIT?: _____

(C) OPERATIONAL REQUIREMENTS (PLEASE ANSWER YES OR NO)

- 11. HAVE YOU THE APPLICANT, OWNER, ASSOCIATION, LEGAL ENTITY, CORPORATION, MEMBERS, OR EMPLOYEES, BEEN CONVICTED IN THE STATE OF LOUISIANA, OR IN ANY OTHER STATE OR COUNTRY OF PROSTITUTION, SOLICITING FOR PROSTITUTION, PANDERING, LETTING THE PREMISES FOR PROSTITUTION, GAMBLING, ANY DRUG OFFENSE OR ANY MISDEMEANOR INVOLVING MORAL TURPITUDE, WITHIN TWO (2) YEARS IMMEDIATELY PRECEDING THE DATE OF FILING THIS APPLICATION FOR PERMIT? _____
- 12. HAVE YOU THE APPLICANT, OR ANY PERSON WITH WHOM APPLICANT HAS BEEN ASSOCIATED AND/OR EMPLOYED, HAD CLAIMS AND/OR JUDGMENTS AGAINST APPLICANT FOR DAMAGES ALLEGED TO HAVE RESULTED FOR THE NEGLIGENT OPERATION OF A VEHICLE FOR HIRE WITHIN THE LAST FIVE (5) YEARS PRECEDING THE DATE OF FILING THIS APPLICATION FOR PERMIT? _____
- 13. DO YOU THE APPLICANT, OWNER, ASSOCIATION, LEGAL ENTITY, CORPORATION, MEMBER, HAVE THE ABILITY TO RESPOND FOR DAMAGES IN THE EVENT OF INJURY AND/OR DAMAGES TO PERSON OR PROPERTY BY REASON OF THE NEGLIGENT OPERATION OF THE VEHICLE FOR HIRE? _____
- 14. HAVE ALL TABLE "A" AFFIDAVIT'S BEEN SUBMITTED AND NOTARIZED ON ALL OWNERS, MEMBERS, PARTNERS, OFFICERS, OR THE ASSOCIATION, CORPORATION, FIRM AND/OR ANY OTHER LEGAL ENTITY? _____
- 15. HAVE YOU THE APPLICANT, FIRM, CORPORATION, ASSOCIATION, AND/OR LEGAL ENTITY SUBMITTED A STATEMENT OF FACTS SHOWING A DEMAND FOR THE SERVICES PROPOSED AND THE EXPERIENCE OF RENDERING SUCH SERVICES? _____
- 16. HAVE YOU SUBMITTED A CERTIFIED COPY OF ARTICLES OF AGREEMENT ON THE ASSOCIATION ORGANIZATION? _____

UNDER PENALTY AS PROVIDED BY LAFAYETTE CONSOLIDATED GOVERNMENT LAFAYETTE, LA . UNDER ORDINANCE #0-66 CHAPTER 98 ARTICLE II, I HEREBY CERTIFY THAT ALL THE INFORMATION FURNISHED HEREIN IS ACCURATE AND TRUE IN KEEPING WITH THE RECORD OF THIS PERMIT.

APPLICANT: _____

SIGNED BY: _____

TITLE: _____

FIRM: _____

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

SIGNATURE AND TITLE OF PERSON ADMINISTERING OATH

(C) OPERATIONAL REQUIREMENTS (LIST ALL ACTIVE VEHICLES)

PERMIT # _____ UNIT # _____ REGISTRATION # _____
MAKE: _____ MODEL: _____ VIN# (SERIAL): _____
COLOR: _____ DESIGN: _____ LETTERING: _____
MARKS: _____ CLASS: _____ SEATING CAP: _____
TYPE: _____ YEAR: _____ MOTOR NO: _____

PERMIT # _____ UNIT # _____ REGISTRATION # _____
MAKE: _____ MODEL: _____ VIN# (SERIAL): _____
COLOR: _____ DESIGN: _____ LETTERING: _____
MARKS: _____ CLASS: _____ SEATING CAP: _____
TYPE: _____ YEAR: _____ MOTOR NO: _____

PERMIT # _____ UNIT # _____ REGISTRATION # _____
MAKE: _____ MODEL: _____ VIN# (SERIAL): _____
COLOR: _____ DESIGN: _____ LETTERING: _____
MARKS: _____ CLASS: _____ SEATING CAP: _____
TYPE: _____ YEAR: _____ MOTOR NO: _____

PERMIT # _____ UNIT # _____ REGISTRATION # _____
MAKE: _____ MODEL: _____ VIN# (SERIAL): _____
COLOR: _____ DESIGN: _____ LETTERING: _____
MARKS: _____ CLASS: _____ SEATING CAP: _____
TYPE: _____ YEAR: _____ MOTOR NO: _____

PERMIT # _____ UNIT # _____ REGISTRATION # _____
MAKE: _____ MODEL: _____ VIN# (SERIAL): _____
COLOR: _____ DESIGN: _____ LETTERING: _____
MARKS: _____ CLASS: _____ SEATING CAP: _____
TYPE: _____ YEAR: _____ MOTOR NO: _____

PERMIT # _____ UNIT # _____ REGISTRATION # _____
MAKE: _____ MODEL: _____ VIN# (SERIAL): _____
COLOR: _____ DESIGN: _____ LETTERING: _____
MARKS: _____ CLASS: _____ SEATING CAP: _____
TYPE: _____ YEAR: _____ MOTOR NO: _____

“(TABLE A) - AFFIDAVIT”

COMPLETED BY ALL CORPORATIONS, ASSOCIATIONS, AND/OR LEGAL ENTITIES

CIRCLE: (OWNER, DIRECTOR, MEMBER, PARTNER, OFFICER)

1. LIST FULL NAME (NO INITIALS): _____

2. DATE AND PLACE OF BIRTH: _____

3. AGE: _____ SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____

4. FULL RESIDENCE ADDRESS: _____

5. CHAUFFEUR'S LICENSE NO: _____

6. DRIVER'S LICENSE NO: _____

7. SOCIAL SECURITY NO: _____

8. HAVE ALL TAXES, LICENSE, FEES AND REGISTRATION BEEN PAID TO THE CITY/PARISH AND OR STATE OF LOUISIANA?

YES NO

IF NO EXPLAIN: _____

9. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR SERVED ANY SENTENCE OF INCARCERATION UNDER THE LAWS OF THE UNITED STATES, STATE OF LOUISIANA, OR OTHER STATE OR COUNTRY WITHIN FIVE (5) YEARS IMMEDIATELY PRECEDING THE DATE OF FILING THIS APPLICATION FOR A PERMIT?

YES NO

IF YES EXPLAIN: _____

10. HAVE YOU EVER BEEN CONVICTED IN THE STATE OF LOUISIANA, OR IN ANY OTHER STATE OR COUNTRY OF PROSTITUTION, SOLICITING FOR PROSTITUTION, PANDERING, LETTING THE PREMISES FOR PROSTITUTION, GAMBLING, ANY DRUG OFFENSE OR ANY MISDEMEANOR INVOLVING MORAL TURPITUDE, WITHIN TWO (2) YEARS IMMEDIATELY PRECEDING THE DATE OF FILING THIS APPLICATION?

YES NO

IF YES EXPLAIN: _____

11. HAVE YOU OR ANY PERSON WITH WHOM YOU HAVE BEEN ASSOCIATED AND/OR EMPLOYED, HAD CLAIMS AND/OR JUDGMENTS AGAINST YOU FOR DAMAGES ALLEGED TO HAVE RESULTED FROM THE NEGLIGENT OPERATION OF A VEHICLE FOR HIRE WITH THE LAST FIVE (5) YEARS PRECEDING THE DATE OF FILING THIS APPLICATION FOR PERMIT?

YES NO

IF YES EXPLAIN: _____

12. DO YOU ;HAVE THE ABILITY TO RESPOND TO DAMAGES IN THE EVENT OF INJURY AND/OR DAMAGES TO PERSONS OR PROPERTY BY REASON OF THE NEGLIGENT OPERATION OF THE VEHICLE FOR HIRE?

YES NO

IF NO EXPLAIN: _____

******* THIS AFFIDAVIT MUST BE EXECUTED BY APPLICANT *****
BEFORE A NOTARY PUBLIC UNDER SEAL**

UNDER PENALTY AS PROVIDED BY LAFAYETTE CONSOLIDATED GOVERNMENT LAFAYETTE, LA UNDER ORDINANCE #0-66 CHAPTER 98 ARTICLE II, I HEREBY CERTIFY THAT ALL THE INFORMATION FURNISHED HEREIN IS ACCURATE AND TRUE IN KEEPING WITH THE RECORD OF THIS PERMIT.

SIGNATURE OF APPLICANT

TITLE

SWORN BEFORE ME THIS _____
DAY OF _____, 20 _____

NOTARY

APPROVED BY: _____
CHIEF OF POLICE DATE

APPROVED BY: _____
CUSTOMER SERVICE SUPERVISOR DATE

APPROVED BY: _____
CUSTOMER SERVICE ADMINISTRATOR DATE

(D) DUTY TO ENFORCE - (COMPLETED BY POLICE)

PER SECTION 98-47: ANY LAW ENFORCEMENT AGENCY HAVING JURISDICTION IN CITY/PARISH IS HEREBY AUTHORIZED AND EMPOWERED TO OBSERVE THE CONDUCT OF ANY PERMIT HOLDER AND ANY OPERATOR OF ANY VEHICLE FOR HIRE PERMITTED UNDER THIS ORDINANCE. THESE LAW ENFORCEMENT OFFICIALS SHALL TAKE APPROPRIATE ACTION IN THE EVENT OF A VIOLATION OF THIS ORDINANCE OR OF ANY STATE OR LOCAL LAW AND MAY TAKE WHATEVER ACTION IS PROVIDED FOR UNDER THIS ORDINANCE AND/OR UNDER THE PROVISIONS OF ANY STATE LAW AS MAY BE DEEMED APPROPRIATE BY ANY SUCH LAW ENFORCEMENT OFFICIAL.

UNDER AUTHORITY GRANTED BY LAFAYETTE CONSOLIDATED GOVERNMENT, LAFAYETTE CITY POLICE DEPARTMENT, LAFAYETTE, LA, PER ORDINANCE #0-66 CHAPTER 98 ARTICLE II, I HEREBY:

_____ (APPROVE) ---- (DISAPPROVE) _____

THIS APPLICATION FOR PERMIT.

CHIEF OF POLICE/DESIGNEE

DATE

(E) QUALIFICATIONS OF APPLICANT - (COMPLETED BY ADMINISTRATOR)

	<u>POOR</u>	<u>FAIR</u>	<u>EXCELLENT</u>
1. PROBABLE PERMANENCE AND QUALITY OF SERVICE OFFERED, INCLUDING PROOF OF FINANCIAL RESPONSIBILITY.	_____	_____	_____
2. SERVICE EXPERIENCE TO DATE INCLUDING CLAIMS AND JUDGMENT SETTLEMENTS.	_____	_____	_____
3. FINANCIAL ABILITY IN RESPONSE OF CLAIM DAMAGES AND/OR INJURY.	_____	_____	_____
4. CHARACTER AND CONDITION OF OPERATIONAL VEHICLES TO BE USED BY APPLICANT.	_____	_____	_____

UNDER AUTHORITY GRANTED BY LAFAYETTE CONSOLIDATED GOVERNMENT, CUSTOMER SERVICE DIVISION, LAFAYETTE, LA, PER ORDINANCE #0-66 CHAPTER 98 ARTICLE II, I HEREBY:

_____ (APPROVE) --- (DISAPPROVE) _____

THIS APPLICATION FOR PERMIT.

CUSTOMER SERVICE ADMINISTRATOR

DATE