**NON-MOTORIZED VEHICLE FOR HIRE**

**COMPANY LICENSE APPLICATION**

Please print clearly or type

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Application: | | | |  | | | | | Company Name: | |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| Mailing Address: | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | State: | |  | | ZIP Code: | |  |
|  | | | | | | | | | | | | | | | | |
| Telephone Number(s): | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Company Website Address: | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Company Email Address: | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Owner’s Name: | |  | | | | | | | | | | | Phone Number: | |  | |
|  | | | | | | | | | | | | | | | | |
| Owner’s Email Address: | | | | |  | | | | | | | | | | | |
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Information Regarding Company’s Registered Agent and Point of Contact (*if different than above)*:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | |
|  | | | | | | | | | | |
| Mailing Address: | | | | |  | | | | | |
|  | | | | | | | | | | |
| City: |  | | | | | State: |  | | ZIP Code: |  |
|  | | | | | | | | | | |
| Physical Address: | | | |  | | | | | | |
|  | | | | | | | | | | |
| City: |  | | | | | State: |  | | ZIP Code: |  |
|  | | | | | | | | | | |
| Email Address: | | |  | | | | | Phone Number: | |  |

Provide full names, titles, residence addresses, personal email addresses, and personal telephone numbers of all company officers, partners, or members.

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1. If applicable, provide proof of active status with the Florida Division of Corporations authorizing the company to do business under the laws of the State of Florida.
2. Provide a copy of the company’s adopted non-discrimination policy as required by Sec. 28-33
3. Attach a Schedule of rates for the transportation provided by the driver.

4. Provide proof of insurance coverage issued by an insurance agency authorized to do business in Florida, in no less than the minimum amounts required by Florida law. In no event shall the coverage be less than the following:

* $500,000 combined single limit for each accident, or bodily injury, death, and/or property damage
* Each separate part of the non-motorized vehicle shall have a serial number affixed thereto and shall be listed on the insurance certificate.

**Provide the Make, Model, and Serial Number for each Pedi-cab.**

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| --- | --- | --- |
| **MAKE** | **MODEL** | **SERIAL NUMBER** |
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5. Provided an illustration of the distinctive company signage displayed on the company’s vehicle for fire as required by Sec. 28-37.

Provide information on the third party provider responsible for completion of company background checks as required in Sec. 28-38.

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| --- | --- | --- | --- | --- |
| Company Name: | | | |  |
|  | | | | |
| Website: |  | | | |
|  | | | | |
| Phone Number: | | |  | |
|  | | | | |
| Address: | |  | | |
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6. Provide proof of background check for each driver listed

**Vehicle for Hire Driver Information** (non-motorized)

Please provide the full name and date of birth for each authorized driver. A copy of the Driver’s License for each listed driver must be included to complete this form.

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| --- | --- | --- |
| **LAST NAME** | **FIRST NAME** | **DOB (XX/XX/XX)** |
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**AFFIDAVIT**

State of Florida

County of Alachua

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online

Notarization this \_\_\_ day of \_\_\_\_\_\_\_ , 20 \_\_\_ , by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who being sworn, says:

(Name of person making statement)

1. I have received a current copy of the City of Gainesville Code of Ordinances and understand I must comply with all articles in order to maintain a current franchise.

2. I understand it is my responsibility to notify the City of Gainesville’s Vehicle for Hire Administrator of any changes in my application or business (including any attachments or certified documents) and failure to do so could result in suspension or revocation of right to operate within City of Gainesville boundaries.

Signature of Owner/Authorized Agent

Signature of Notary Public Print, Type, or Stamp Commissioned Name

Of Notary Public

Personally Known

Or

Produced Identification

Type of Identification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For GPD Use Only**

Date Application Received:

Annual Company License Fee Paid On:

Company Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Notified of Approval On: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle for Hire Administrator Date

When the application has been approved, this document will serve as the business license.