CITY OF FORT LAUDERDALE
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY
NON-MOTORIZED VEHICLE

DATE _____

Renewal fee $100.

FILING FEE **$150.00** LICENSE FEE _____ TOTAL DUE _____

APPLICATION FOR: New _____ Renewal _____ Certificate _____

PUBLIC HEARING BEFORE THE COMMUNITY SERVICES BOARD ON: _____

APPROVED _____ DENIED _____ REASON _____

PUBLIC HEARING APPROVED BY CITY COMMISSION:

_____

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TYPES OF CERTIFICATE	NUMBER OF VEHICLES
A. NON-MOTORIZED	_____

REQUIRED APPLICATION INFORMATION

A filing fee of one hundred and fifty dollars shall accompany every new and renewal application.

Note: The information requested below is required by Section 27-227 of the Code of Ordinances of the City of Fort Lauderdale. All required information must be provided before the application is submitted to the Community Services Board for their review.

(1) The number, type, make, model and other information which describes each type of non-motorized vehicle to be operated or a full description of each animal to be used or both.

Non-motorized vehicle means a vehicle used in a business for transporting passengers, which is propelled by animal or human power.

Type	Make	Model	Quantity

Attach additional sheets labeled **Exhibit 1** if more room is needed. The additional sheets should include any information needed to describe each type of non-motorized vehicle and to provide a full description of each animal to be used, if applicable.

Will animals be used? Yes ☐ No ☐

(2) The name, address and telephone number of the operator. If other than a natural person, such as a corporation, the name and address of each principal and of the registered agent shall also be submitted.

The applicant is:

NOT INCORPORATED

☐ Individual: Name: _____

Address: _____

☐ Other Name of Partner: _____

Address: _____

Name of Partner: _____

Address: _____

☐ Corporation: President: _____

Address _____

Vice President: _____

Address: _____

Secretary: _____

Address _____

Treasurer _____

Director _____

Address _____

Registered Agent _____

Address _____

Contact Person _____

Address _____

Phone Number _____

(3) A list of all other locales in which the operator is engaged in or associated with a non-motorized vehicle business.

Locale: _____

Name of Business _____

Locale: _____

Name of Business: _____

NOTE: Attach separate sheets labeled **Exhibit 2** if you have other locales to list.

(4) A map depicting the proposed route which shall be of such scale as to designate in detail the exact locations of all passenger embarkation and debarkation points and, if applicable the location at which the non-motorized vehicles will be loaded and unloaded from a truck or trailer.

Label map and all other sheets needed to provide, in detail points of passenger embarkation and debarkation **Exhibit 3** and attach to the application.

Will the non-motorized vehicles be loaded and unloaded from a truck Yes ☐ No ☐ or trailer? If yes, show location on map.

(5) The location of the storage facility for the non-motorized vehicles when not in use.

Storage location _____

(6) If applicable, a full description of the arrangements made for the housing and care of all animals to be used to propel non-motorized vehicles, as well as measures to be undertaken for sanitary removal of animal waste from the route.

☐ I will not use animals in this business

☐ I will use animals in the business and have attached **Exhibit 4** to describe the housing and care of the animals as well as measures to be taken for removal of animal waste.

(7) The days and hours of operation

_____

_____

_____

(8) The fares to be charged per passenger, per ride, or both.

_____

_____

_____

(9) If applicable, a description of any advertising to be displayed on each non-motorized vehicle.

_____

_____

_____

(10) The identity of each driver, by providing a two-inch by two inch photograph and a copy of the state driver's license for each, as well as the driver's address. Any changes in the status of any driver information must be promptly reported by the operator to the Tax Division.

Label this information as **Exhibit 5** and attach the sheets to this application.

(11) The name, address and telephone number of the business operation and evidence of its registration as a fictitious name or trade name, if applicable.

Name _____

Address _____

Telephone Number _____

☐ This company is not registered as a fictitious name or trade name.

☐ This company has a registered fictitious name or trade name. Evidence attached as **Exhibit 6.**

(12)If animals are proposed to be used, a written statement from a local veterinarian certifying that each animal is in good health and fit for non-motorized vehicle service. A similar statement shall be supplied to the Tax division (6) months after license issuance, certifying that each animal is fit to continue service.

☐ This business will not use animals

☐ This business will use animals. The required veterinarian statement(s) is/are attached as **Exhibit 7**

Please note that the application must be reviewed per requirements of Section 27-227 ©.

c) The license division shall send a copy of each completed application to the police and fire departments, the planning and community development department and the office of the city manager. Each shall provide the license division a written evaluation of the application, including proposed conditions of approval, if applicable, based upon consideration of the following criteria:

(1) The size and intensity of the proposed operation and its effect upon vehicular and pedestrian traffic flow over the proposed route and the impact, if any, upon affected commercial areas, residential neighborhoods, or both.

(2) The existence of identical or similar operations which use or propose to use all or part of the same route and the potential for adverse effect, if any, upon traffic flow, affected commercial areas, residential neighborhoods, or any of them.

(3) If animals are to be used for propulsion, the adequacy of the operator's arrangements for animal welfare and the measures for preservation of sanitary conditions within the city.

(4) Any other public health, safety or welfare concern.

A certificate of insurance must be approved by the city risk manager prior to the issuance or renewal of any permit.

Sec. 27-230. Insurance.

For each non-motorized vehicle there shall be maintained a policy or policies of public liability insurance with a combined single limit for death, bodily injury and property damage liability of at least fifty thousand dollars ($50,000.00) per person and one hundred thousand dollars ($100,000.00) per occurrence. All such insurance policies shall be written by companies authorized to transact business in the state. A certificate of insurance indicating the liability amounts and the policy period must be filed with the license division and approved by the city risk manager prior to issuance or renewal of any permit. All such policies shall be kept in full force and effect at all times any non-motorized vehicle is operated within the city.

The date the application is made

DATE_____

I hereby swear the above information is true.

_____
Signature of Applicant

_____
Name of Applicant (print or type)

STATE OF FLORIDA:
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this _____ day of _____ 2009, by _____, as _____, of _____, a _____. Who are ☐ personally known to me or ☐ have produced _____ as identification.

(SEAL)

_____
Notary Public, State of Florida (Signature of Notary taking Acknowledgment)

_____
Name of Notary Typed, Printed or Stamped

My Commission Expires: _____

Commission Number: _____

Application received on _____ by _____