BUSINESS NAME: ________________________________  DATE: __________________

LCCTO: ____________________

INCLUDE CHECK LIST WITH PACKET:

☐ APPLICATION FEE ($325.00 Non-Refundable)

☐ APPLICATION (complete)

☐ VEHICLE LISTING FORM (List Minimum/Maximum number of ALL vehicles that will be used as transportation vehicles-all passenger vehicles)

☐ VEHICLE REGISTRATION(S) (Must be Class 9 or 36)

☐ VEHICLE LEASE(S) (One for each vehicle, must be original) (Use form provided)

☐ VEHICLE INSPECTION FORM(S) (One for each vehicle, must be original) (Use form provided)

☐ INSURANCE VERIFICATION (sample form in packet)
  o Collier County must be listed as a Certificate Holder and Additionally Insured
  o Must List each vehicle
  o Bodily Injury per person $125,000, Bodily Injury per accident $300,000, Property Damage $100,000; Or a Combined Single Limit of $500,000
  o Must be ONE-YEAR policy

☐ NOTARIZED AFFIDAVITS (Use form provided)
  o Filled out for each owner/director/officer/partner/manager

☐ CRIMINAL BACKGROUND DISCLOSURE (Use form provided)
  o Filled out for each owner/director/officer/partner/manager

☐ COPY OF DRIVER'S LICENSE
  o A copy for each owner/director/officer/partner/manager
OFFICIAL USE ONLY

--- FRONT OFFICE ONLY---

LCCTO #:____________________   Date Renewal issued: ______/_____/______
BG Check #______________    Date picked up: ______/ _____/ ______
Applicant Initials: _______________

Decal #(s): _______________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Notes/Comments: ________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

--- OFFICE USE ONLY ---

Notes/Comments: ________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Approved: _____  Denied: _____  Date: ___________  By: ________________________________
APPLICATION FOR VEHICLE FOR HIRE LICENSE

DATE: ________________________

The undersigned hereby makes application for a Vehicle for Hire License within Collier County under Collier County Ordinance 2009-27 and the Vehicle for Hire Administrative Policy Manual adopted via Resolution 2009-281, and respectfully submits the following information in support of this application.

FEES:

<table>
<thead>
<tr>
<th>Fee</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Fee</td>
<td>$200.00</td>
</tr>
<tr>
<td>Vehicle for Hire License (Yearly)</td>
<td>$325.00</td>
</tr>
<tr>
<td>Vehicle Decal Permit Fee (Per Vehicle/Yearly)</td>
<td>$50.00</td>
</tr>
<tr>
<td>Vehicle for Hire Operator’s License Fee</td>
<td>$75.00</td>
</tr>
</tbody>
</table>

NOTE: ALL FEES ARE NON REFUNDABLE. Please make check / money order payable to the BOARD OF COUNTY COMMISSIONERS

Name of Company:________________________________________________________________________

Exact Corporate/Business Name:________________________________________________________________________

Physical Address:

(Number & Street) (City) (State) (Zip Code)

Mailing Address:

(Number & Street) (City) (State) (Zip Code)

Telephone: _______________________ E-Mail: _______________________

Copies of Articles of Incorporation, all amendments thereto, and a certified copy of the Certificate of Incorporation must accompany this application.

Owners/Co-Owners/Partnership/Directors/Managers:

1. Name:________________________________________________________________________

   Address:

   (Number & Street) (City) (State) (Zip Code)

   Telephone: _______________________ E-Mail _______________________

   Date of Birth: _______________________ S.S. #: _______________________

   Driver’s License: _______________________

2. Name:________________________________________________________________________

   Address:

   (Number & Street) (City) (State) (Zip Code)

   Telephone: _______________________ E-Mail _______________________

   Date of Birth: _______________________ S.S. #: _______________________

   Driver’s License: _______________________

3. Name:______________________________________________________________________

   Address:

   (Number & Street) (City) (State) (Zip Code)

   Telephone: _______________________ E-Mail _______________________

   Date of Birth: _______________________ S.S. #: _______________________

   Driver’s License: _______________________

4. Name:______________________________________________________________________

   Address:

   (Number & Street) (City) (State) (Zip Code)

   Telephone: _______________________ E-Mail _______________________

   Date of Birth: _______________________ S.S. #: _______________________

   Driver’s License: _______________________

5. Name:______________________________________________________________________

   Address:

   (Number & Street) (City) (State) (Zip Code)

   Telephone: _______________________ E-Mail _______________________

   Date of Birth: _______________________ S.S. #: _______________________

   Driver’s License: _______________________
Telephone: _______________________    E-Mail _______________________
Date of Birth: _________________  S.S. #: _______________________
Driver’s License: ________________________________

3. Name: ________________________________
   Address: ________________________________
             (Number & Street)  (City)   (State)   (Zip Code)
Telephone: _______________________    E-Mail _______________________
Date of Birth: _________________  S.S. #: _______________________
Driver’s License: ________________________________

Attach additional sheet, if more space required.

List all felony and misdemeanor convictions, notwithstanding suspension of sentence or withholding of adjudication, within the past ten (10) years, or murder conviction within the past twenty (20) years, for all applicants, owners, managers, directors, and officers. Additionally, list all driver license suspensions for the past three (3) years. For each instance, list the offense, the date, and the state.

______________________________________________

______________________________________________

Has Certificate to Operate ever been revoked?  Yes ________ No ________

If yes, please explain the reason, the year, city, state, and the previous issued Certificate to Operate number, of revocation:

______________________________________________

______________________________________________
VEHICLES FOR HIRE LISTING

Company Name ___________________________________________  CTO # __________

**USE** – Taxi, Limo, Shuttle, or Non Emergency

**Type** – Specify if vehicle is: Sedan, Van or Stretch

<table>
<thead>
<tr>
<th>USE</th>
<th>TYP</th>
<th>YEAR</th>
<th>MAKE</th>
<th>MODEL</th>
<th>VIN #</th>
<th>LIC #</th>
<th>COLOR</th>
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</table>
VEHICLE LEASE

This lease is entered into this _____ day of ____________, 20____, by and between
_____________________________, Lessor, and _________________________________, Lessee.

Vehicle Owner                                            Company

In consideration of the promises herein contained, on the part of the parties to be
performed, Lessor hereby leases to the Lessee the following described motor vehicle:

<table>
<thead>
<tr>
<th>VIN #</th>
<th>License Plate #</th>
<th>Make</th>
<th>Type</th>
<th>Year</th>
</tr>
</thead>
</table>

Lessee to have possession of the vehicle until this lease is terminated. Lessee will pay

To Lessor annual rent of $ _____ in 12 rent payments of $ ______ each month.

Either party may terminate this lease at any time after this vehicle is no longer
being operated subject to the Collier County Vehicle for Hire Ordinance, by
giving the other party written notice of intent to terminate. Lessee agrees
during the entire term of this Lease to continuously maintain insurance on the
leased vehicle in not less than the face amounts and scope of coverage as
required by the Collier County Ordinance Number 2009-27 and the Vehicle for
agrees, during the term of this lease to otherwise hold Lessor harmless from
any and all claims arising out of use or operation of the subject vehicle. Each
party to this Lease asserts to the other party that the respective party has full
authority to enter into this Lease in an individual capacity and/or on behalf of
any principle. The Laws of the State of Florida shall control this Lease.

_____________________________                               _______________________________
Signature of Lessor (Vehicle Owner)          Print Name of Lessor (Vehicle Owner)

_____________________________                               _______________________________
Signature of Lessee (Company)                  Print Name of Lessee (Company)
COLLIER COUNTY VEHICLE FOR HIRE INSPECTION SHEET

**Inspection Sheet valid for only thirty days from date of inspection**

NAME OF COMPANY: ___________________________________________ DATE: ______________________

VIN #: __________________________ YEAR _______  MAKE ___________ COLOR ___________

Please indicate P- PASS / F- FAIL

1. ______ Air Conditioning and Heating shall be in operating condition.
2. ______ Interior must be clean and free from torn upholstery, floor coverings and damaged or broken seats.
3. ______ Horn must be in operating condition as intended by the vehicle manufacturer.
4. ______ Mirrors should include interior rearview and exterior side view mirrors.
5. ______ Seat Belts must be in operating condition and easily accessible to passengers.
6. ______ Speedometer and Taximeter (if applicable) should be properly exposed to view of driver and passenger.
7. ______ Vision must be unobstructed on all four (4) sides.
8. ______ Steering mechanism must be maintained in operating condition and shall not be worn or jammed.
9. ______ Body, fenders, doors, trim and grill must be free from holes, cracks, breaks and dents.
10. ______ Tires shall be correct manufacturers’ size, free of cuts in the tire cord or sidewall area.
11. ______ Windows, rear and side windows shall be free of breakage, cracks or pits that impair visibility
12. ______ Windows (all) must be in operating condition.
13. ______ Windshield wipers must be maintained in operating condition and shall not be torn or badly worn.
14. ______ Brakes, including emergency brakes must be maintained in proper operating condition.
15. ______ No visible leaks in the brake line wheel cylinder or any part of the brake system, no frayed cables.
16. ______ Exhaust emission must be free of smoke and there shall be no leakage on any part of the vehicle.
17. ______ Doors must have operating handles that allow opening from both inside and outside.
18. ______ Door hinges and hold stops must function properly.
19. ______ Door panels must be intact to prevent accidental injuries on door and window mechanisms.
20. ______ Door seals/gaskets must be in good condition to seal water and odors from entering the passenger compartment from outside.
21. ______ Door lock/unlock mechanisms should all be in working order.
22. ______ Handle knobs and armrests are to be free of breaks and must be securely mounted.

All required lights must be maintained in operating condition:

23. ______ Interior lights
24. ______ Exterior lights
25. ______ Turn indicating signals
26. ______ Brake lights
27. ______ License plate tail light
28. ______ Window tinting (tint must not be darker then the legal limit)

Signature certifies all information is correct:

PRINT NAME: ___________________________________ SIGNATURE _______________________________

NAME OF BUSINESS: __________________________________________________________________________

ADDRESS: _______________________________________________ PHONE: __________________________

STATE OF FLORIDA MOTOR VEHICLE REPAIR REGISTRATION NUMBER: ____________________________
CERTIFICATE OF LIABILITY INSURANCE

PRODUCER

EXAMPLE

INSURED

COMPANY NAME

INSURERS AFFORDING COVERAGE

NAIC #

<table>
<thead>
<tr>
<th>INSURED</th>
<th>COMPANY NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSURER A:</td>
<td></td>
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<tr>
<td>INSURER B:</td>
<td></td>
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<tr>
<td>INSURER C:</td>
<td></td>
</tr>
<tr>
<td>INSURER D:</td>
<td></td>
</tr>
<tr>
<td>INSURER E:</td>
<td></td>
</tr>
</tbody>
</table>

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL LIABILITY</td>
<td>EACH OCCURRENCE</td>
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<tr>
<td></td>
<td>DAMAGE TO RENTED PREMISES (EA occurrence)</td>
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<tr>
<td></td>
<td>MED EXP (Any one person)</td>
</tr>
<tr>
<td></td>
<td>PERSONAL &amp; ADV INJURY</td>
</tr>
<tr>
<td></td>
<td>GENERAL AGGREGATE</td>
</tr>
<tr>
<td></td>
<td>PRODUCTS - COMPOP AGG</td>
</tr>
<tr>
<td>AUTOMOBILE LIABILITY</td>
<td>COMBINED SINGLE LIMIT (EA accident)</td>
</tr>
<tr>
<td>ANY AUTO</td>
<td>$500,000*</td>
</tr>
<tr>
<td>ALL OWNED AUTOS</td>
<td>$125,000</td>
</tr>
<tr>
<td>SCHEDULED AUTOS</td>
<td>$300,000</td>
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<tr>
<td>HIRED AUTOS</td>
<td></td>
</tr>
<tr>
<td>NON-OWNED AUTOS</td>
<td></td>
</tr>
<tr>
<td>MUST BE A ONE YEAR POLICY</td>
<td></td>
</tr>
<tr>
<td>GARAGE LIABILITY</td>
<td>AUTO ONLY - EA ACCIDENT</td>
</tr>
<tr>
<td>ANY AUTO</td>
<td></td>
</tr>
<tr>
<td>EXCESS/UMBRELLA LIABILITY</td>
<td>OTHER THAN AUTO ONLY: AGG</td>
</tr>
<tr>
<td>OCCUR CLAIMS MADE</td>
<td></td>
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<tr>
<td>DEDUCTIBLE</td>
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<tr>
<td>RETENTION</td>
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</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

LIST OF VEHICLES INSURED-Include all vehicles insured including VIN #, year & make (attach a separate sheet if necessary)

* YOU MUST HAVE THE AUTOMOBILE LIABILITY LISTED OUT (EXAMPLE ABOVE) OR A MINIMUM COMBINED SINGLE LIMIT OF $500,000.

CERTIFICATE HOLDER

Collier County Board of County Commissioners
2800 N. Horseshoe Dr.
Naples, FL 34104

**COLLIER COUNTY MUST BE A CERTIFICATE HOLDER & ADDITIONAL INSURED**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08) © ACORD CORPORATION 1988
ORDINANCE

I, _______________________ hereby certify that I have read and understand Collier County Ordinance Number 2009-27 and the Vehicle for Hire Administrative Policy Manual adopted via Resolution 2009-281, and if I am granted a Vehicle for Hire License I will fully comply with its provisions.

VEHICLE

I swear or affirm that the vehicle(s) to be permitted meet(s) the safety standards as set forth in Collier County Ordinance Number 2009-27 and the Vehicle for Hire Administrative Policy Manual adopted via Resolution 2009-281.

It is understood and acknowledged by the GMD Operations Department and myself that if my vehicle(s) that is/are permitted fail(s) to meet the safety standards as required by this Ordinance, the vehicle(s) **must be removed** from service until all violations are corrected.

SIGNATURE OF APPLICANT ___________________________ DATE ________________

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was subscribed and sworn to before me this ______ day of ______, 20___, by __________________________ who is personally known or has (Name of person acknowledging) produced __________________________ as identification.

_________ SIGNATURE OF NOTARY ___________________ PRINT NAME OF NOTARY __________________

Notary Public Commission # ________________________
Commission Expires ____________________________
SOCIAL SECURITY COLLECTION FORM

On behalf of the Collier County Operations and Regulatory Management Department, a department of the Collier County Government Agency, is authorized to collect your Social Security Number for the performance of its duties and responsibilities as prescribed by law. Your Social Security Number shall be collected for one or more of the following reasons:

1. Obtain information relating to criminal records
2. Run Social Security Trace Search
3. Search Sexual Offender Database
4. Run Motor Vehicle Search

Your Social Security Number will only be collected and disclosed for these listed purposes, and as may otherwise be authorized by law, and once collected, will be maintained as a confidential and exempt record under Chapter 119, Florida Statutes, the Collier County Operations and Regulatory Management Department on behalf of the Collier County Government Agency.

__________________________   _________________
Signature of applicant     Date

Social Security No.

I ________________________, have read and understood the paragraphs above.

__________________________
Signature of applicant