

## Document Submission Information

Please give us your name, email and contact number so we may contact you if needed regarding the document you are submitting.

Thank You.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE &  
NECESSITY TO OPERATE A TAXICAB, LIMOUSINE OR CARRIAGE SERVICE**

---

Filing Fee \$50.00      Receipt # \_\_\_\_\_      Cash      Check

This form must be filed with the Clerk-Treasurer's Department and the filing fee paid, prior to any action being taken by the City of Huntsville Transportation Department.

**North American Industrial Classification System#** \_\_\_\_\_

Owning Entity \_\_\_\_\_

Trade Name (DBA) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Form of Business:    Proprietorship                      Partnership                      Corporation                      LLC

List below all members, stockholders, officers, directors or anyone having any interest in this business, their addresses, titles (if any), and the amount of interest of each member or the number of shares or stock owned or held by each person listed.

Name \_\_\_\_\_  
Percentage of ownership or amount of stock owned \_\_\_\_\_

Name \_\_\_\_\_  
Percentage of ownership or amount of stock owned \_\_\_\_\_

Name \_\_\_\_\_  
Percentage of ownership or amount of stock owned \_\_\_\_\_

Name \_\_\_\_\_  
Percentage of ownership or amount of stock owned \_\_\_\_\_

**Additional pages may be attached to list additional owners.**

**Each owner and anyone having any control in this business must fill out a background information sheet. (Attached)**

List the location of all terminals or depots to be used in the business.

Give description of the insignia to be used by the company on each cab (a drawing may be attached).

Give the trade name and proposed color scheme for taxis, limousines, or carriages. Note any trade name for a taxi must include the words "TAXICAB, TAXI, or CAB.

**Application for Certificate of Public Convenience & Necessity for Taxi/Limousine/Carriage**

Describe in detail the type of taxi, limousine or carriage service this company plans to provide for the citizens of Huntsville:

**NOTE:** A vehicle description form will be required on all vehicles to be licensed. These forms may be attached to the application for franchise, but must be filed with the City of Huntsville Department of Transportation prior to the time the City of Huntsville Privilege License is issued.

Total number of vehicles (taxis, limousines or carriages) requested to be licensed under this certificate: \_\_\_\_\_

No company will be issued a Taxicab, Limousine or Carriage license until the City Council grants operating authority. Also, a minimum of five taxicabs or one limousine or one carriage must pass inspection by the City of Huntsville Department of Transportation and proof of insurance provided for each vehicle before any license will be written.

Each person operating a taxi or limousine will have to be approved by the City of Huntsville Police Department.

I swear or affirm under the penalties of perjury that the above is a true and correct statement to the best of my knowledge and belief.

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Date Commission Expires**

**The Director of Animal Services of the City of Huntsville has given the following guidelines when someone is operating a Horse Drawn Carriage within the City of Huntsville.**

**The horse must be maintained humanely in the following manners:**

- **Grooming**
- **Hoof care**
- **Appropriate Weight**
- **Harness and bridle should fit properly and not cause skin damage**
- **Harness fittings should include ‘diaper’ for collection of fecal material**
- **Special cautions should be taken during extreme heat**
- **Appropriate workload and work schedule for the horse’s condition**

**Please be mindful that many citizens are concerned about equine welfare and have very high standards for the care of horses; therefore, we recommend that you provide excellent care for your horse’s benefit and to minimize any concerns from the general public.**

# BACKGROUND INFORMATION SHEET FOR CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY

---

A Background Information Sheet must be completed for each person owning any interest in a taxi/limousine business. Failure to complete a Background Information Sheet for each owner listed will result in a delay of the approval process or possible denial of the application.

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Marital Status      Married      Single      Widowed      Divorced

If married give spouse's full name and address (included maiden name):

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Spouse's Place of employment and address:

Employment: \_\_\_\_\_

Address: \_\_\_\_\_

**Attach a copy of your current driver's license to this background sheet.**

Present employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

List four Personal References (giving full name, current address and telephone number):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**JUDICAL HISTORY:**

List below if you (or in the case of a Corporation or Partnership, any member, officer, director or partner) have been convicted of a felony or a misdemeanor, during the last 24 months any Federal State, or Local alcoholic beverage law, or forfeited a cash bond to appear in court to answer charges for any such violation. Failure to properly list all convictions will result in the denial of the application.

Violation	Jurisdiction/Court	Date of Case	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any unpaid judgments pending?      Yes      No

If YES complete the following.

List the names of persons against which judgments are pending and the amount of all unpaid judgments.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give nature of all transactions or acts giving rise to these judgments.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give name and location of court in which judgment were entered.

---

Give the dates judgments were entered.

---

I swear or affirm under the penalties of perjury that the above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

**Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Date Commission Expires**