



City of Baton Rouge
Taxicab Control Board
 Franchise Application



Date _____

Tracking Number _____

Certificate of Public Convenience and Necessity (CPCN)

Fee \$10.00

PAGE 1 MUST BE COMPLETED SEPARATELY BY EACH OWNER OR OFFICER THE COMPANY.

Taxicab Pedicab Sightseeing or Tourist Vehicle Guide Low Speed Vehicle Limousine

Is this a new CPCN or Renewal Yes No

How many CPNC numbers are you applying for? _____

INDIVIDUAL INFORMATION

Is this a new address? Yes No

Name _____ Address _____ Phone _____ Email _____

City _____ State _____ Zip _____ Driver's License/State ID# _____ Expiration Date _____

Are you authorized to work in the United States by the immigration laws or the US Attorney General? Yes No

INTEREST DISCLOSURES AND/OR OFFICERS/MEMBERS

List the name, address, and telephone number for any person's who has a legal, equitable, beneficial, and financial interest as defined by law in the CPCN(s) to be issued or renewed. Definitions are listed below.

Legal interest: An interest arising out of a contract. Any person who has entered into a contract relating to the purchase of the CPCN (conditional sale) has a legal interest in the CPCN.

Equitable interest: A beneficiary in case of a CPCN holder's death or divorce. Spouses or other designated beneficiaries have an equitable interest in the license.

Beneficial interest: Any person who manages, derives a profit, benefit or advantage resulting from a contract or agreement with the CPCN holder. Any person who benefits in some way through the CPCN holder.

Financial interest: A monetary interest or its equivalent. Any person having a financial interest in the CPCN. Example: A person who owns shares CPCN or is in the process of buying the CPCN.

Full Name _____ Full Name _____

Type of interest _____ Type of interest _____

Address _____ Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Full Name _____ Full Name _____

Type of interest _____ Type of interest _____

Address _____ Address _____

City _____ State _____ Zip Code _____ State _____ Zip Code _____



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PAGE 2 MUST BE COMPLETED IF THE CPNC HOLDER IS A COMPANY

BUSINESS INFORMATION (when applicable)

All of the partners or the principal officers of the organization, and the person actually exercising the executive direction of the organization shall be required to submit an application individually. All of the provisions applicable to individuals shall apply to and be required of such principal partners or officers. The failure meeting such requirements shall be grounds to deny the application of

Furnish the address and description of the location or locations from where you intend to operate in City of Baton Rouge/ East Baton Rouge Parish

such corporation, association or partnership.

Business Name _____ Address _____

City _____ State _____ Zip _____ Business Phone _____

City of Baton Rouge Occupational License# _____ Email

Business information Checklist

- City of Baton Rouge Chauffeur's License(each driver, if applicable)
- State of Louisiana Chauffeur's License (each driver, if applicable)
- Vehicle Registration Certificate - For Hire (only)
- Insurance Certificate, on the same line Insurance Policy (\$25,000/\$50,000/\$25,000)

Have a driver/employee, a member/officer, or you been convicted of a violation of any National, State, or Municipal Laws?

Yes No

If yes, please explain _____

- Criminal Records Check (Provide a copy of report)
- Financial Statements (Certified copy)
- Articles of Incorporation (if applicable)
- Fee Schedule (Limos, Pedicabs, LSV only)

Have you checked all of the boxes to complete your application? Yes No



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**PAGE 3 VEHICLE INFORMATION MUST BE COMPLETED FOR EACH CPCN.
ADDITIONAL COPIES OF PAGE 2 MAY BE INSERTED FOR HOLDERS OF MULTIPLE CPNCs.**

VEHICLE INFORMATION

Vehicle Make _____ Vehicle Model _____ Year _____
Franchise _____ VIN _____
Insurance Company _____ Policy# _____

VEHICLE INFORMATION

Vehicle Make _____ Vehicle Model _____ Year _____
Franchise _____ VIN _____
Insurance Company _____ Policy# _____

VEHICLE INFORMATION

Vehicle Make _____ Vehicle Model _____ Year _____
Franchise _____ VIN _____
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Vehicle Make _____ Vehicle Model _____ Year _____
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PAGE 4 MUST BE SIGNED AND NOTARIZED FOR EACH INDIVIDUAL INVOLVED AS A HOLDER.

ACKNOWLEDGMENTS

I hereby authorize the Taxicab Control Board to receive any criminal history, record, or information pertaining to me which may be in any national, state, or local criminal justice agencies in the United States of America, and I understand that the Taxicab Control Board reserves the right to deny this application based upon the misrepresentation, alteration, omission, incompleteness of material fact, or for any reason set forth in City of Baton Rouge [Code Section 10:201](#). I agree to comply with all provisions and requirements of this application be approved. (Note: This authorization is valid for 365 days from the date of signature.) Incomplete applications will not be accepted or processed.)

BEFORE ME THE UNDERSIGNED AUTHORITY, THIS DAY PERSONALLY APPEARED _____

who, being by me first duly sworn, deposes and says that he/she is the holder of the aforesaid CPCN number(s), and that said Certificate of Public Convenience and Necessity (CPCN) is current and valid, and in accordance with Baton Rouge City [Code Section 10:201](#). The CPCN holder future stipulates that all information contained in this application is accurate and true.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

For Office use only

- City of Baton Rouge Chauffeur's License(each driver, if applicable)
- State of Louisiana Chauffeur's License (each driver, if applicable)
- Vehicle Registration Certificate - For Hire (only)
- Insurance Certificate, on the same line Insurance Policy (\$25,000/\$50,000/\$25,000)

Have a driver/employee, a member/officer, or you been convicted of a violation of any National, State, or Municipal Laws? Yes No

If yes, please explain _____

- Criminal Records Check (Provide a copy of report)
- Financial Statements (Certified copy)
- Articles of Incorporation (if applicable)
- Fee Schedule (Limos, Pedicabs, LSV only)
- Pictures
- Fee paid (Transaction ID#)
- OLT Application (if applicable)

