



City of Baton Rouge - Parish of East Baton Rouge
Taxicab Control Board – Certificate of Public Convenience and Necessity Application
 222 Saint Louis Street, Rm 404
 Baton Rouge, LA 70802
 Phone: 225-389-3084 Fax: 225.389-5369
www.brla.gov/VehiclesforHire

CPCN APPLICATION

NEW AND RENEWAL APPLICATION

Type of CPCN: Taxicab Limousine Low Speed or LSV Sightseeing/Tour Pedicab Pedal Carriage or CPC
 (Check box)

New Applicants ONLY:

How many CPCN numbers are you applying for? _____ Is this a new CPCN company? Yes No

INDIVIDUAL INFORMATION

Name _____ Business Name (if applicable) _____
 Address _____
 City _____ State _____ Zip _____ Phone _____
 Driver's License # _____ Expiration _____ Email _____

INTEREST DISCLOSURES AND/OR OFFICERS/MEMBERS

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

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

Full Name _____ Type of Interest _____
 Address _____
 City _____ State _____ Zip _____ Phone _____

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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 applications individually. All of the provisions applicable to individuals shall apply to and be required of such principal partners or officers, and the failure of any of them to meet such requirements shall be grounds to deny the application of such corporations, association or partnership.

Business Name _____ CPCN # _____

Business Address _____

City _____ State _____ Zip _____

Bus Phone _____ City of Baton Rouge Occupational License # _____

EIN # _____ Business Email _____ Website _____

The City-Parish does not concede that a CPCN is a public right rather than a privilege. The City-Parish further does not concede that it is a best practice to allow CPCNs to be transferred during a period of suspension or revocation.

CHANGE DISCLOSURE (RENEWALS ONLY) Renewals due date January 15th

Have there been any changes of partners and/or principal officers since last year's renewal? Yes No

If yes, when did these changes take place (month, day, year)? _____

If yes, what were these changes? _____

Were these changes reported to the Taxicab Control Board? Yes No

Did the new officers, partners, or other executive managing personnel submit an individual application to ensure that they possessed the qualifications required to hold a CPCN? Yes No

Has there been a vehicle change, on this CPCN? Yes No

Have you ever had any citations written against this CPCN? Yes No

If yes, please list citations, court hearings date, etc: _____



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VEHICLE INFORMATION

Vehicle Make _____ Vehicle Model _____ Year _____
CPCN Type _____ VIN or Serial # _____
Insurance Company _____ Policy # _____
Security Camera Installed _____ Debit/Credit Card System _____

VEHICLE INFORMATION (use this space if you hold more than 1 CPCN)

Vehicle Make _____ Vehicle Model _____ Year _____
CPCN Type _____ VIN or Serial # _____
Insurance Company _____ Policy # _____
Security Camera Installed _____ Debit/Credit Card System _____

VEHICLE INFORMATION (use this space if you hold more than 1 CPCN)

Vehicle Make _____ Vehicle Model _____ Year _____
CPCN Type _____ VIN or Serial # _____
Insurance Company _____ Policy # _____
Security Camera Installed _____ Debit/Credit Card System _____

VEHICLE INFORMATION (use this space if you hold more than 1 CPCN)

Vehicle Make _____ Vehicle Model _____ Year _____
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ACKNOWLEDGEMENT

In accordance with Ordinance 18781* Commercial Pedal Carriage, the following documentation must accompany the application for it to be considered complete.

Articles of Incorporation	Background Check/Fingerprints (each applicant)	Route Approval Request Form*
State issued Driver's License	Operator Appearance Guidelines*	Operator Conduct Rules and Regulations*
Certificate of Liability Insurance	Auto Policy	Operator Training Procedures *
Certified Financial Statement	Proof of Ownership of CPC	Manufacturer Specification*
Demand Statement	Prior Experience Statement	Fee Schedule of Fares

I hereby authorize the City of Baton Rouge 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 agency in the United States of America, and 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 Section 10:201 or Section 10:500. 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 the person is the holder of the CPCN number (s) previously stated, 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 or Code Section 10:500. The CPCN holder further stipulates that all information contained in this application is accurate and true.

Applicant Signature _____ Date _____
 Applicant Signature _____ Date _____
 Applicant Signature _____ Date _____
 Applicant Signature _____ Date _____

For Office Use Only

