



**TAXICAB CONTROL BOARD via
DEPARTMENT OF FINANCE/REVENUE DIVISION
CITY OF BATON ROUGE / PARISH OF EAST BATON ROUGE
222 ST. LOUIS ST., ROOM 404, BATON ROUGE, LA 70802
P.O. BOX 2590, BATON ROUGE, LA 70821
PHONE: (225) 389-3278 / FAX: (225) 389-5369
Email: TAXICABCONTROL@BRLA.GOV**

**For Office Use Only
Permit Number**

Rec'd by: _____

APPLICATION FOR TRANSPORTATION NETWORK COMPANY

Federal ID Number _____ APPLICATION DATE: _____
 Louisiana Permit Number _____
 Louisiana Permit: YES / NO (provide a copy) _____

LEGAL NAME OF BUSINESS _____

TRADE NAME OF BUSINESS _____

**PHYSICAL LOCATION
(NOT a P.O. Box)** _____

Business Telephone No. (____) ____ - ____

MAILING ADDRESS _____

REGISTERED AGENT IN LA: Name: _____ Phone No.: _____

CONTACT PERSON: _____ Contact Phone: _____

Contact Fax: _____ **Contact E-mail:** _____

REQUIRED DOCUMENTATION AND TERMS:

- Attach a copy of State of Louisiana Permit for a Transportation Network Company.
- If a Corporation or LLC, attach a copy of your Charter. Registered Agent in Louisiana.
- Attach a complete copy of your policy of public liability insurance issued by an insurance company qualified to do business in the State of Louisiana which covers all vehicles approved to operate under your application and which is equal to or exceeds the minimum requirements as follows:
 - \$1,000,000 per incident for accidents involving a transportation network operator from the time the operator accepts a trip request until the completion of a trip, regardless of whether the operator maintains personal insurance adequate to cover any portion of a claim;
 - \$1,000,000 per incident of uninsured/underinsured motorist coverage;
 - \$50,000 per person and \$100,000 per accident of additional bodily injury coverage and \$25,000 per accident of property damage during the time that a transportation network operator is available for service but not providing service, in the event that the operator's personal insurance policy does not pay;
 - Names the City of Baton Rouge-Parish of East Baton Rouge Taxicab Control Board as a certificate holder; and
 - Provides for written notice to the Taxicab Control Board upon any cancellation or termination of policy.
- Include proof that the company has established a uniform logo, insignia, decal or trade dress for use on a motor vehicle at any time a motor vehicle is providing or arranging to provide transportation network services.

- The Transportation Network Application Company agrees to transmit a quarterly report to the Taxicab Control Board via the City of Baton Rouge/Parish of East Baton Rouge Finance Department that provides the gross trip fare for each intrastate prearranged ride originating within either incorporated or the unincorporated portions of the Parish of East Baton Rouge and shall remit a fee representing one percent (1%) of the gross trip fare
- The Transportation Network Application Company agrees to remit the fee to the Taxicab Control Board via the City of Baton Rouge/Parish of East Baton Rouge – Finance Department on a quarterly basis within thirty days (30) after the end of a calendar quarter.
- The Transportation Network Operator shall mean an individual who operates a motor vehicle that is: (1) Owned or leased by the individual; (2) Not licensed as a public vehicle-for-hire under section 10:201 et. seq. of this Code; and (3) Used to provide a prearranged ride to riders upon connection through a digital network controlled by a transportation network company in return for compensation or payment of a fee.

The Transportation Network Application Company maintains a **COMPANY WEBSITE** which includes the following:

- Website address:** _____
- Transportation Network Application Company customer service telephone number: _____
- Transportation Network Application Company electronic Email Address: _____
- Transportation Network Application Company zero tolerance policy regarding the use of drugs or alcohol while a transportation network operator is arranging to provide or is providing transportation network services.
- Procedures for reporting a complaint about a transportation network operator who a passenger suspects has violated the zero tolerance policy.
- A complaint electronic email address for the City of Baton Rouge/Parish of East Baton Rouge Taxicab Control Board.

This will affirm that the statements made herein are true and correct to the best of my knowledge:

Signature and Title of Applicant: _____

I declare under penalty of perjury, under the laws of the City of Baton Rouge, Parish of East Baton Rouge and the State of Louisiana, that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license or permit. I further declare that the above named company has complied with all of the requirements of Section 10:600 et seq. of the Code of Ordinances of the City of Baton Rouge and Parish of East Baton Rouge. I further declare that I am the duly authorized representative of the above named company and have all necessary authority to sign this document on the company's behalf.

By: _____

Printed Name: _____

Title: _____

Date: _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20__ at _____(city), _____(state).

Notary Public
Name: _____

[Seal]

Notary No./Bar Roll No. _____

My commission expires: _____