

HOME PHONE: _____

FRANCHISE FEE: _____
INSPECTION FEE: _____

BUSINESS PHONE: _____

APPLICATION FEE: _____
Date: _____

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
TAXICAB AND LIMOUSINE AND SIGHTSEEING FRANCHISE**

CITY OF BATON ROUGE
PARISH OF EAST BATON ROUGE
DEPARTMENT OF FINANCE
222 ST. LOUIS STREET ROOM 404
BATON ROUGE, LOUISIANA 70802
PHONE 225-389-3278/FAX 225-389-5369

NAME OF BUSINESS: _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

BUSINESS LOCATION ADDRESS: _____

IF CORPORATION OR ASSOCIATION, GIVE NAMES AND ADDRESSES OF OFFICERS AND/OR DIRECTORS:

FURNISH A DESCRIPTION OF THE VEHICLE (S) WHICH YOU INTEND TO USE IN THE OPERATION OF THIS BUSINESS. YOU MAY ATTACH A SEPARATE SCHEDULE IF NEEDED:

FRANCHISE

NO.	MAKE	MODEL	YEAR	LA LICENSE #	VIN#

FURNISH THE ADDRESS AND DESCRIPTION OF THE LOCATION OR LOCATIONS FROM WHICH YOU INTEND TO OPERATE IN EAST BATON ROUGE PARISH:

HAVE YOU OR ANY OF YOUR EMPLOYEES BEEN CONVICTED OF THE VIOLATION OF ANY NATIONAL, STATE, OR MUNICIPAL LAWS? _____ IF YES, PLEASE EXPLAIN:

HAVE YOU ANY CLAIMS OR JUDGEMENTS AGAINST YOU FOR DAMAGES ALLEGED TO HAVE RESULTED FROM THE NEGLIGENT OPERATION OF YOUR VEHICLE (S)? _____ IF YES, PLEASE EXPLAIN OR ATTACH AN EXPLANATION:

PLEASE STATE THE FACTS SHOWING A DEMAND FOR THE SERVICES PROPOSED TO BE RENDERED:

STATE YOUR NET WORTH AS PER YOUR FINANCIAL STATEMENTS. \$ _____
(ATTACH A COPY OF YOUR FINANCIAL STATEMENTS)

FILE WITH THE DEPARTMENT OF FINANCE 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 THE ABOVE VEHICLES AND WHICH IS EQUAL TO OR EXCEEDS THE MINIMUM REQUIREMENTS AS FOLLOWS: \$25,000 EACH INSURED PERSON; \$50,000 EACH ACCIDENT; AND \$25,000 PROPERTY DAMAGE SUSTAINED IN ANY ONE ACCIDENT. PLEASE NOTE THAT THIS POLICY MUST BE FOR A PERIOD OF NOT LESS THAN ONE YEAR AND IT MUST PROVIDE, BY ITS TERMS, THAT IT MAY NOT BE CANCELED EXCEPT AFTER TEN (10) DAYS WRITTEN NOTICE THEREOF TO THE DEPARTMENT OF FINANCE OF THE CITY/PARISH OF EAST BATON ROUGE AT THE ADDRESS INDICATED ABOVE.

INSPECTION REPORTS FILED WITH THE DEPARTMENT OF FINANCE SHOWING THAT YOUR VEHICLES HAVE BEEN INSPECTED BY CENTRAL GARAGE OF THE DEPARTMENT OF PUBLIC WORKS AND HAVE BEEN FOUND TO BE IN PROPER MECHANICAL CONDITION.

PROVIDE A COPY OF THE PUBLIC CONVENIENCE AND NECESSITY CERTIFICATE AS ISSUED BY THE TAXICAB CONTROL BOARD.

SIGNATURE AND TITLE OF APPLICANT