



**STATE OF CONNECTICUT**  
**DEPARTMENT OF TRANSPORTATION**  
**BUREAU OF PUBLIC TRANSPORTATION**  
**MOTOR TRANSPORT SERVICES**  
2800 BERLIN TURNPIKE, P.O. BOX 317546  
NEWINGTON, CONNECTICUT 06131-7546

APPLICATION NO. \_\_\_\_\_

**APPLICATION FOR AUTHORITY TO OPERATE LIVERY SERVICE**  
**or**  
**REGISTRATION OF FEDERAL HIGHWAY ADMINISTRATION AUTHORITY**

**Please type or print.** If additional space is required for any item, attach as separate exhibit. Attach statement from the Connecticut State Police as to criminal history conviction record or absence thereof for Applicant, if individual; for each partner, if Applicant is a partnership; for each member, if Applicant is a limited liability corporation; or for principal officers and for each person owning ten (10) percent or more of the outstanding debt or equity of the Applicant, if Applicant is a corporation. If Applicant is a corporation and does not hold intrastate authority, also attach certified copy of Certificate of Incorporation. If a trade name is used, a certified copy of Certificate of Adoption, as filed in the principle business location. This application must be accompanied by a fee of Two Hundred Dollars (\$200.00) in cash or a check or post office money order payable to **THE TREASURER OF THE STATE OF CONNECTICUT. WARNING:** Do not send money (coin or bills) by mail. Application fee will not be refunded after payment. A checklist of the above has been included with this application for the convenience of the applicant.

To **DEPARTMENT OF TRANSPORTATION, 2800 Berlin Turnpike, P. O. Box 317546**  
**BUREAU OF PUBLIC TRANSPORTATION, Newington, CT 06131-7546**

APPLICANT \_\_\_\_\_  
(Name of Individual, Partnership, Corporation)  
(or Limited Liability Company)

doing business as \_\_\_\_\_  
(Trade Name)

of \_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State, Zip Code)

Mailing Address, if different \_\_\_\_\_  
hereby applies for a permit to operate a livery service from the following office or headquarters:

\_\_\_\_\_  
Town or City

Answer fully the following questions:

1. Specify the number of vehicles for which a permit is sought and the seating capacity of each for intrastate applications only:

\_\_\_\_\_ Sedan \_\_\_\_\_ Seating Capacity

\_\_\_\_\_ Limousine \_\_\_\_\_ Seating Capacity

\_\_\_\_\_ Seating Capacity

(Specify any other type)

PLEASE CHECK THE NATURE AND EXTENT OF THE SERVICES PROPOSED

- a.  13b-103(a)(1) GENERAL LIVERY (Sedan Type) - Includes all motor vehicles used in business of transporting passengers for hire. This category is inclusive of b, c, and d.
- 13b-103(a)(1) GENERAL LIVERY (Bus Type) - Vehicles seating 10 or more passengers
- b.  13b-103(a)(2)(A) LIMITED/SPECIAL - Includes all motor vehicles used exclusively for Funerals, Weddings, Christenings, Processions or Celebrations.
- c.  13b-103(a)(2)(B) - Limited to all motor vehicles with a passenger seating capacity of ten (10) or more adults to be used for sightseeing and other related purposes.
- d.  13b-105 HANDICAPPED & ELDERLY LIVERY - Includes livery service for the express purpose of providing reasonable livery service to handicapped and elderly persons only.
- e.  Register Federal Highway Administration Authority.
- f.  For service under contract with, or a lower tier contract for any Federal, State or Municipal Agency.

2. Has the Applicant(s) had any experience in livery service prior to this application or had any experience in the transportation of passengers for hire? \_\_\_\_\_ If so, describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. a. If Corporation or LLC, date and State of incorporation or filing:

Date \_\_\_\_\_ State \_\_\_\_\_

b. \_\_\_\_\_ Name and residence address of officers or corporation or members of LLC:

Name	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Would livery service be performed in connection with any other business? \_\_\_\_\_

If so, what? \_\_\_\_\_

Has Applicant(s) had any motor vehicle accidents while operating a motor vehicle? \_\_\_\_\_

If so, state approximate date and give details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. If Applicant(s) is being represented by an attorney/representative, please give name, address and telephone number:

\_\_\_\_\_

\_\_\_\_\_

6. Has Applicant(s) ever been convicted in a court of any crime or offense other than motor vehicle violations?

If so, state approximate dates and give details including any resulting Police, Court or criminal process. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(This applies to every owner, partner, officer or person owning over 10% of stock of a corporation or members of a limited liability company.)

- 7. Has your, your partner(s), any officer's or member's operator's license ever been revoked or suspended?

\_\_\_\_\_

If so, by what state, give reason, approximate date and length of suspension \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 8. Please fill out the attached balance sheet to indicate the current financial position of the Applicant(s). The balance sheet must have been prepared within the last six months.

**To be executed by proprietor, each member of partnership, authorized officer of a corporation, or authorized member of limited liability company.**

State of \_\_\_\_\_

County of \_\_\_\_\_ SS

I, the undersigned

APPLICANT:

\_\_\_\_\_  
 (NAME) [Please Print] (TITLE) (Home & Business No.)

Under oath, say that the foregoing application has been prepared by me, or under my direction, that I have carefully examined the same, and I declare the same to be correct to the best of my knowledge, information and belief.

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 (Notary Public) (Applicant's Signature)

**APPLICATION BALANCE SHEET - FISCAL ANALYSIS**

ASSETS

LIABILITIES

CASH	_____	ACCOUNTS PAYABLE	_____
ACCOUNTS RECEIVABLE	_____	NOTES PAYABLE	_____
MATERIALS AND SUPPLIES	_____	*OTHER LIABILITIES (describe below)	_____
MOTOR VEHICLES	_____		
REAL ESTATE	_____		
*OTHER ASSETS (describe below)	_____	TOTAL LIABILITIES	_____
		INDIVIDUAL'S OR PARTNER'S CAPITAL ACCOUNT(S)	_____
		CAPITAL STOCK	_____
		ADDITIONAL PAID IN CAPITAL	
		RETAINED EARNINGS	_____
		TOTAL CAPITAL	_____
<u>TOTAL ASSETS</u>	_____	<u>TOTAL LIABILITIES &amp; CAPITAL</u>	_____

NOTE: Total Assets must equal Total Liabilities and Capital

\*Describe Assets and Liabilities below:

APPLICATION NO. \_\_\_\_\_

**NOTICE**

Pursuant to Connecticut General Statute 4a-79, you must file your applicable Social Security number or F.E.I.N. number with every application for a license from the State of Connecticut.

Once a year we must forward this information to the Connecticut Department of Revenue Service.

While we must share this information with the above, this information is not available through a standard request by the general public. Once filed with your application, this page will be segregated into a special CONFIDENTIAL file.

Failure to file this information with your application will cause us to return it as incomplete.

NAME \_\_\_\_\_  
(Individual, Partnership, Corporation, Limited Liability Co.)

INDIVIDUAL(S) SOCIAL SECURITY NO(S). \_\_\_\_\_  
\_\_\_\_\_

BUSINESS F.E.I.N. NO. \_\_\_\_\_

**APPLICATION CHECK SHEET - NEW LIVERY**

A. REMITTANCE

B. LIST OF CORPORATE OFFICERS OR LIMITED LIABILITY COMPANY MEMBERS

C. LIST OF ANY PARTY HOLDING 10% OR MORE OF STOCK OF CORPORATION

D. CONNECTICUT STATE POLICE STATEMENT ON ALL PERSONS LISTED IN ITEMS B & C ABOVE, SOLE PROPRIETOR OR PARTNERS OF PARTNERSHIP **To obtain The required form, go to the Household Good home page and download the "Criminal History Conviction Information Request" form.**

E. FINANCIAL STATEMENT, LATEST AVAILABLE

F. CERTIFIED COPY OF CERTIFICATE OF INCORPORATION OR ARTICLES OF ORGANIZATION (ALSO OPERATING AGREEMENT, IF AVAILABLE FOR LLC)

G. IF A TRADE NAME IS USED, A CERTIFIED COPY OF CERTIFICATE OF ADOPTION, AS FILED WITH THE CITY/TOWN CLERKS IN THE PRINCIPAL BUSINESS LOCATION(S)

H. NAME OF ATTORNEY OR AUTHORIZED REPRESENTATIVE, IF ANY

I. IF APPLICANT IS NOT A RESIDENT OF THE STATE OF CONNECTICUT, WHETHER INCORPORATED OR UNINCORPORATED, THE NAME, ADDRESS AND TELEPHONE NUMBER OF AN AGENT FOR SERVICE OF LEGAL PROCESS.

J. SIGNATURES AND TELEPHONE NUMBERS

K. APPLICATION NOTARIZED

L. COPY OF FEDERAL HIGHWAY ADMINISTRATION CERTIFICATE, FOR REGISTRATION OF INTERSTATE AUTHORITY

M. **COMPLETED FORM REQUESTING SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER'S IDENTIFICATION NUMBER. (APPLICATION WILL BE RETURNED WITH CHECK AS INCOMPLETE IF NOT INCLUDED WITH THE PACKAGE)**

N. COMPLETED "SEDAN LIVERY TARIFF" OR "LIVERY BUS TARIFF" FORM, FOR INTRASTATE APPLICATIONS

**PLEASE REFER TO ABOVE TO BE SURE YOUR APPLICATION IS COMPLETE**