



**STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION**



**BUREAU OF PUBLIC TRANSPORTATION
2800 BERLIN TURNPIKE, P.O. BOX 317546
NEWINGTON, CONNECTICUT 06131-7546**

APPLICATION NO. _____

Please select type of application.

APPLICATION FOR NEW INTRASTATE LIVERY AUTHORITY

APPLICATION FOR AUTHORITY TO OPERATE LIVERY SERVICE UNDER CONTRACT WITH ANY FEDERAL, STATE, OR MUNICIPAL AGENCY OR A LOWER TIER CONTRACT THEREOF (CGS Sec. 13b-103a)

APPLICATION FOR ADDITIONAL INTRASTATE LIVERY VEHICLES

Please type or print. This application must be accompanied by a fee of **TWO HUNDRED DOLLARS (\$200.00)** in cash, check or money order payable to "Treasurer, State of Connecticut". Do not mail cash. The application fee is non-refundable. If additional space is required for any item, please attach separate sheet. Please ensure that all applicable sections are completed as failure to do so may result in delayed processing or a returned application. Please submit this information to the following address:

CONNECTICUT DEPARTMENT OF TRANSPORTATION
Regulatory and Compliance Unit
2800 Berlin Turnpike, P.O. Box 317546
Newington, CT 06131-7546

Section 1.

In accordance with and under the provisions of Connecticut General Statutes Section 13b-103a, the following hereby makes application for authority to operate _____ motor vehicle(s) in intrastate livery service from a
(number)

headquarters in _____.

1. APPLICANT: _____

2. TRADE NAME (if applicable): _____

3. MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE NUMBER (include area code): _____

4. PHYSICAL ADDRESS (if different): _____

5. Is the applicant a resident of the State of Connecticut?

Yes No

If not, provide the name and address of Agent for Service for legal process or notice:

6. Is the applicant a:

Sole proprietor

Partnership

Corporation - You must submit a certified copy of the Articles of Incorporation with this application.

Limited Liability Company - You must submit a certified copy of the Articles of Organization with this application.

List the name(s) and residential address(es) of individual seeking authority, including all partners (if partnership), principal officers (if corporation), or members (if Limited Liability Company). Attach additional sheets if necessary.

Name: _____ Title: _____

Residential Address: _____

Name: _____ Title: _____

Residential Address: _____

Name: _____ Title: _____

Residential Address: _____

Please check if additional sheets have been attached.

7. Is the applicant represented by an attorney?

Yes (please provide name, address, and telephone number). No

Name of Attorney: _____

Address of Attorney: _____

Telephone Number (include area code): _____

11. Has applicant had any motor vehicle accidents while operating a motor vehicle in the last 10 years?

Yes. If so, explain.

No.

12. Has the applicant, any of the partners, officers or other members of the applicant company ever been convicted of any crime or offense other than, or in addition, to a motor vehicle violation in the last 10 years?

Yes. If so, please list names and state approximate dates and give details, including state, and include any resulting in criminal process (use additional sheets as necessary).

No.

13. Have any of the partners, officers, or members of the applicant ever had their operators license revoked or suspended?

Yes. If so by what state? _____

No.

SEDAN LIVERY TARIFF

Livery Permit No. _____

Tariff No. _____

Cancels No. _____

Name in which permit issued

Legal headquarters address

Town and zip code

Herein are published all of the rates and charges applying to the operation of SEDAN TYPE livery service (10 or less adults) between points in Connecticut from a headquarters in the Town of:

Telephone No. _____

State whether you charge the hour or by mileage _____

All inter city mileage to be those specified in the Official Mileage Docket No. 6770-A of D.P.U.C.

Rates

(Choose one)

Vehicle Type	Passenger Capacity	Minimum Charge	Charge/Hour Waiting	Charge/Hour in use	Charge/Mile

Minimum charged for Funerals _____

Minimum charged for Weddings _____

Minimum charged for Nights out on the town _____

Minimum charged for Proms _____

All trips are to be charged from headquarters to headquarters whether time or distance is used.

LIST ALL FEES OR OTHER CHARGES: _____

DATE PROPOSED: _____ SIGNATURE: _____

EFFECTIVE DATE: _____ TITLE: _____

SECTION III

Financial Checklist

Please complete the following balance sheet by providing the following requested information concerning start-up costs of the proposed business to indicate the current financial position of the applicant. The balance sheet must have been prepared within the last six months. If you have additional assets and liabilities, please list on a separate piece of paper and include with application.

1. REAL ESTATE – If the business will own real estate, please provide the purchase price, amount of the down payment, number, and amount of mortgage payments.
2. OFFICE SPACE – If the business will rent or lease an office, please provide the monthly cost.
3. MOTOR VEHICLES – If the applicant will own motor vehicles, please provide the purchase price, amount of down payment, and the number and amount of payments. If vehicles will be rented or leased, please provide the number and amount of payments. For used vehicles, provide printout from NADA or Kelly Blue Book for market value.
4. EQUIPMENT – If the business will require any specialized equipment please provide an explanation of the type and cost of the equipment and the proposed method of payment.
5. INSURANCE – Please provide the cost and coverage of liability and bodily injury insurance to operate the proposed vehicles. Also, the cost of workmen’s compensation and any other policies which may be required. Include an explanation of how you intend to pay for the insurance.
6. PAYROLL – Please provide the estimated monthly payroll of the employees of the business.
7. PURCHASE PRICE – If you are buying an existing business, please provide the purchase price and proposed method of financing.
8. OTHER EXPENSES – Please provide the type and cost of any additional start-up expenses of which you are aware, and an explanation of how you intend to pay for them.
9. LOANS/NOTES PAYABLE – Provide the amount of principal, interest rate, number and amount of payments of any loans or notes made to the business.
10. CASH – Provide an explanation of all cash funds available to the proposed business. Attach a copy of the bank book, checking account statement, certificate of deposit, bank reconciliation, etc., showing name and balance including dispersed funds.
11. CASH ON HAND – Attach a notarized addidavit explaining the source of any cash not held in a bank.
12. OTHER FUNDS – Attach relevant documents and notarized statement explaining the source of any other funds.
13. OPERATING REVENUES – Please provide an estimate of the monthly operating revenues expected from the proposed business during the first six months. Include a statement which will show the calculation of the revenues.
14. Provide an estimate of gas, property taxes, repairs, and maintenance on the vehicles for a period of time.

FISCAL ANALYSIS BALANCE SHEET

Application No. _____

Balance Sheet Date (as of): _____

ASSETS

CASH	
ACCOUNTS RECEIVABLES	
MATERIALS AND SUPPLIES	
MOTOR VEHICLES	
REAL ESTATE	
OTHER ASSETS* (describe below)	
TOTAL ASSETS	

LIABILITIES & CAPITAL

ACCOUNTS PAYABLE	
NOTES PAYABLE	
OTHER LIABILITIES* (describe below)	
TOTAL LIABILITIES	
INDIVIDUAL OR PARTNER CAPITAL ACCOUNT	
CAPITAL STOCK	
ADDITIONAL PAID IN CAPITAL	
RETAINED EARNINGS	
TOTAL CAPITAL	
TOTAL LIABILITIES AND CAPITAL	

APPLICATION/PERMIT NO. _____

NOTICE OF SOCIAL SECURITY OR FEDERAL EMPLOYEE IDENTIFICATION

Pursuant to Connecticut General Statute 4a-79, applicants must file their applicable Social Security Number **OR** Federal Employee Identification Number with every application for a license from the State of Connecticut.

Please note that this information is forwarded annually to the Connecticut Department of Revenue Service. However, it is kept in a confidential file and is not offered as public information. Failure to file this information with an application may cause the application to be delayed and/or withdrawn as incomplete.

Please fill out the following information completely:

APPLICANT NAME: _____

SOCIAL SECURITY NO.: _____

FEDERAL EMPLOYEE IDENTIFICATION NO.: _____

**TO BE EXECUTED BY SOLE PROPRIETOR, AUTHORIZED PARTNER, AUTHORIZED OFFICER
OF CORPORATION, OR AUTHORIZED MEMBER OF LIMITED LIABILITY COMPANY**

I hereby certify that I have read and I am familiar with Connecticut State Statutes Sections 13b-101 through 13b-110 and Regulations of Connecticut State Agencies Sections 16-325-1 through 16-325-26.

State of Connecticut

County of _____

I (We), the undersigned:

APPLICANT

(PRINT – NAME)

(SIGNATURE)

(TELEPHONE)

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 under the penalties of perjury.

Subscribed and sworn to before me on this _____ day of _____, _____.
(DAY) (MONTH) (YEAR)

Notary Public/Commissioner of Superior Court

Applicant's Signature

APPLICATION CHECK SHEET

PLEASE ENCLOSE THE FOLLOWING TO ENSURE THAT YOUR APPLICATION IS COMPLETE. FAILURE TO DO SO MAY RESULT IN DELAYED PROCESSING OR A RETURNED APPLICATION.

- APPLICATION FEE - \$200.00 cash, check, or money order payable to "Treasurer, State of Connecticut".

- LIST OF CORPORATE OFFICERS, LIMITED LIABILITY COMPANY MEMBERS, OR ANY PARTY HOLDING 10% OR MORE OF STOCK IN CORPORATION.

- CURRENT CRIMINAL CONVICTION HISTORY REPORT ON ALL CORPORATE OFFICERS, LIMITED LIABILITY COMPANY MEMBERS, SOLE PROPRIETOR, PARTNERS IN PARTNERSHIP, OR ANY PARTY HOLDING 10% OR MORE OF STOCK IN CORPORATION.

- FINANCIAL STATEMENT, LATEST AVAILABLE (see financial checklist – Section III)

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

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

- NAME OF ATTORNEY OR AUTHORIZED REPRESENTATIVE, IF ANY.

- 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.

- SIGNATURES AND TELEPHONE NUMBERS.

- APPLICATION NOTARIZED.

- COMPLETED FORM REQUESTING SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER'S IDENTIFICATION NUMBERS.

- COMPLETED "SEDAN LIVERY TARIFF" OR "LIVERY BUS TARIFF FORM". (NOT REQUIRED FOR APPLICATION FOR AUTHORITY TO OPERATE LIVERY SERVICE UNDER CONTRACT WITH ANY FEDERAL, STATE, OR MUNICIPAL AGENCY OR A LOWER TIER CONTRACT THEREOF)

- COPY OF FEDERAL HIGHWAY ADMINISTRATION CERTIFICATE, FOR REGISTRATION OF INTERSTATE AUTHORITY (NOT REQUIRED FOR INTRASTATE LIVERY AUTHORITY)

- AUTHORIZATION LETTER FROM BROKERAGE (NOT REQUIRED FOR INTRASTATE LIVERY AUTHORITY)