Montgomery County, Maryland

TAXICAB PASSENGER VEHICLE LICENSE

FLEET APPLICATION FOR 2006

APPLICATIONS MUST BE RECEIVED AT:

DPWT DIVISION OF TRANSIT SERVICES
101 MONROE STREET, 5TH FLOOR, ROCKVILLE, MARYLAND 20850

NO LATER THAN 4:00 P.M. WEDNESDAY, NOVEMBER 29, 2006

SUBMIT ONE ORIGINAL AND TWO COPIES OF THE APPLICATION
FEE: $1,000 Per Fleet (Non-refundable)
AVAILABILITY OF FLEET LICENSES - 56

Applicant's Name: _____ Date: _____

Number of Fleet PVLs requested: _____

Address: _____

Telephone #: _____ E-mail: _____

Applicant's Signature: _____

PACKET INCLUDES: (1) APPLICATION FORM (INCLUDING GEOGRAPHIC AREA TAXICAB MAP, TAXICAB FEE SCHEDULE AND TAXICAB METER RATE SCHEDULE), (2) THE MONTGOMERY COUNTY CODE CHAPTER 53, AND, (3) MONTGOMERY COUNTY COUNCIL BILL NO. 27-06.

The forms are available on the County website at www.montgomerycountymd.gov.
Click on "Taxicab Info", and then go to "Fleet Taxicab PVL Application."

Questions? Contact Ms. Jai Kundu, 240-777-5859 or e-mail at taxi.office@montgomerycountymd.gov.

IMPORTANT NOTICE

ANY PERSON WHO MAKES A FALSE STATEMENT TO ANY QUESTIONS ON THIS FORM SHALL NOT BE ISSUED A LICENSE. ALL QUESTIONS ON THIS APPLICATION MUST BE ANSWERED AND APPROPRIATE DOCUMENTS MUST BE PROVIDED WHERE APPLICABLE.

REMINDER

YOU MUST SUBMIT ONE ORIGINAL AND TWO COPIES OF THE APPLICATION

DPWT USE ONLY

Date application and fee received: _____

AUTHORITY

Montgomery County Code Chapter 53 Section 53-205 – Periodic issuance of new licenses.

(a) Notice. The Director may periodically issue new licenses to qualified applicants or reissue any license that has been revoked or not renewed under this Chapter, as provided in this Section. The Director must advertise the availability of these licenses in at least one newspaper of general circulation in the County for 2 consecutive weeks before accepting applications. The Director should also notify, by electronic mail or other reasonable means, any licensee or driver who requests to be notified of the availability of new or reissued licenses.

(b) Criteria. The Director may issue new or reissued licenses to qualified applicants, including existing licensees and persons who do not then hold licenses, who meet criteria defined by regulation which promote competition and further the purposes of this Chapter. The criteria must:

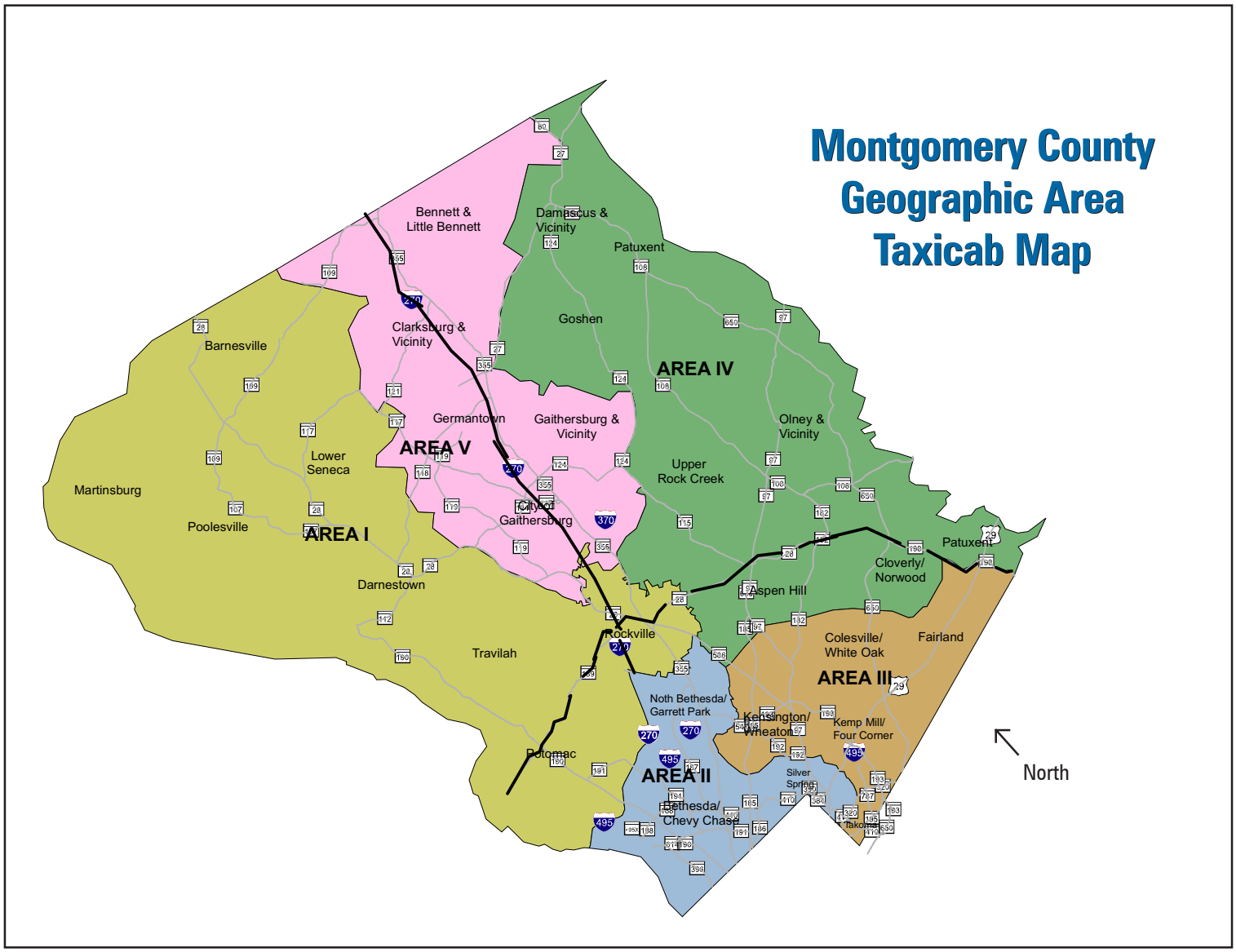
(1) Be based on public convenience and necessity, such as the need for more taxicab service in the County generally or in certain geographic areas of the County, or for certain types of passengers, as shown by such measurements as taxi utilization rates and response times; and,

(2) Consider the performance record of each applicant in providing taxicab service in the County or elsewhere.

DPWT USE ONLY

Date Received for Processing: _____ Qualified: ☐ Yes ☐ No Comparative Rating Points: _____

Rating Date: _____ Rating Staff: _____



Montgomery County, Maryland

Department of Public Works and Transportation

FLEET CALENDAR YEAR 2006 APPLICATION

Thank you for your interest in applying for Taxicab Passenger Vehicle Licenses. You must complete the application by answering all questions and provide the necessary documents where applicable.

Answer the following questions in the spaces provided. If you need additional space, use a separate sheet of paper and clearly reference the question. A comparative rating process will be used in reviewing applications. The rating information can be found on the last page of this form.

NOTE: The applicable Montgomery County Code Chapter 53 sections are referenced in brackets.

GENERAL QUESTIONS

1. Number of County Taxicab Passenger Vehicle Licenses currently held _____

2. Number of County Taxicab wheelchair accessible licenses currently held _____

3. Total number of Taxicab Passenger Vehicle Licenses requested _____

Will any of these be accessible? ..... ☐ Yes ☐ No If yes, how many? _____

4. Full Name of Entity: _____

Principle Place of Business: _____

City: _____ State: _____ Zip: _____

Date/location Entity formed: _____

Trade Name to be used in County: _____

Business Address in Montgomery County, if any: _____

City: _____ State: _____ Zip: _____

Business Telephone No.: _____ Dispatch Telephone No.: _____

E-Mail: _____

5. Full Name(s) of Officer/Director/Shareholder(s): [Section 53-211(g)] _____

_____

_____

_____

Percentage (%) of Shareholder Interest: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

LIST OTHER OFFICERS/DIRECTORS/SHAREHOLDERS ON A SEPARATE SHEET OF PAPER.

6. (a) Name of General Manager/ Managing Director: _____

   (b) Experience: _____

   _____

Questions 7a and 8a are for EXISTING FLEETS ONLY

7. (a) Describe your need for additional passenger vehicle licenses (if applicable). _____

   _____

   _____

8. (a) Describe your need for additional wheelchair accessible licenses _____

   _____

   _____

Questions 7b and 8ba are for NEW FLEETS ONLY

7. (b) Describe your need for passenger vehicle licenses. _____

   _____

   _____

8. (b) Describe your need for wheelchair accessible licenses. _____

   _____

   _____

9. Assuming there will be difficulty attracting and retaining taxicab drivers due to the economy or other issues, how will you ensure there will be an adequate number of drivers to provide reliable service?

   _____

   _____

   _____

10. Describe your past experience and customer service record, if you have been engaged in taxicab or other types of customer service in any jurisdiction. Describe your experience providing taxicab or other transportation services. [Section 53-207(c)] and [Section 53-207(e)]

   _____

   _____

   _____

FLEET LICENSE APPLICATION – [SECTION 53-211]

1. Submit evidence that the fleet will be able to provide its own centralized,administrative, managerial, marketing, operational, dispatch and driver training services. [Section 53-211(a)] _____

_____

_____

2. If you are now providing or have previously provided taxicab service, calculate previous taxicab productivity as measured by the number of daily trips per taxicab or an equivalent measurement approved by the Director. [Section 53-211(b)]. This data must be provided in *summary* form by month for FY 2005 (July 1, 2004-June 30, 2005) and FY 2006 (July 1, 2005-June 30, 2006).

_____

_____

3. Describe the extent of your development of and participation in innovative taxicab services. [Section 53-211(c)]

_____

_____

4. If you are now providing taxicab service, submit a list of consumer complaints involving taxicab service by type, date filed with the company and the County or any other pertinent government agency in the past 24 months and the resolution of each complaint. [Section 53-211(d)]

_____

_____

5. If you are now providing taxicab service, list each enforcement action involving taxicab service provided by your fleet or any of your drivers during the past 24 months of which you are aware, listing the number, violations alleged and disposition of each action. [Section 53-211(e)]

_____

_____

6. Describe all ownership and management interests relating to taxicabs of the applicant and any affiliated, parent, or subsidiary business entity [Section 53-211(g)]

_____

_____

7. Provide evidence of the level of capitalization and expected operating costs. [Section 53-211(i)]

_____

_____

8. If you are a Montgomery County taxicab fleet, have you transferred the ownership of any PVL during the previous 24 months? [Section 53-211(k)] ..... ☐ Yes ☐ No

If "yes," explain. _____

_____

_____

Attach the following:

1. Provide a written business plan, including a description of all ownership and management interests, levels and types of service to be provided, proposed operations and marketing approach for additional licenses.

2. Attach a statement of financial responsibility, showing the availability of unencumbered financial resources sufficient to place the vehicle(s) into service. [Section 53-207(a)]

3. Attach a certificate of insurance, a certificate of self-insurance issued by the state motor vehicle agency, or a written statement from an insurance company licensed to do business in Maryland certifying that: (1) the applicant will be able to acquire the required insurance; and, (2) the insurance will not be canceled or modified without prior written notice from the insurer to the Department. [Section 53-207(b) and Section 53-225(a)-(d)]

CRITERIA TO DENY A LICENSE - [SECTIONS 53-213 & 53-214]

The Director must not issue or renew a license to any person, or applicant who, within 5 years before the application is submitted was convicted of, pled guilty or no contest to, or was placed on probation without a finding of guilt for, or who when the application is submitted has a charge pending for, or who has, within 3 years before the application was submitted, completed a sentence or period of probation based on a charge for: [Section 53-213(a)]

Each Director, officer, partner, or managing agent must answer the following questions:

Answer "yes" or "no to each of the following:

1. Have you within 5 years been convicted of, pled guilty or no contest to, or where you placed on probation without a finding of guilt for, or do you have a charge pending for, or within 3 years have you completed a sentence or period of probation based on a charge for:

   Any offense involving violence or a weapon ..... ☐ Yes ☐ No

   Any sex offense ..... ☐ Yes ☐ No

   Soliciting for prostitution ..... ☐ Yes ☐ No

   Illegal sale or use of alcoholic beverages ..... ☐ Yes ☐ No

   Violation of any law governing controlled dangerous substance ..... ☐ Yes ☐ No

   Violation of any gaming law ..... ☐ Yes ☐ No

   Any offense involving driving under the influence ..... ☐ Yes ☐ No

   Any act of moral turpitude ..... ☐ Yes ☐ No

   If "yes", provide details (date, description of the offense, disposition/status, city/county & state)

   Date: _____ Offense: _____

   Disposition/Status: _____ City/County _____ State _____

2. Have you had a pattern of reasonably verifiable complaints of substandard customer service during the previous 24 months? [Section 53-213(b)] ..... ☐ Yes ☐ No

   If "yes," explain _____

   _____

   _____

3. Have you had a traffic record of "moving" offenses for the 3 years immediately before the application is submitted, or while licensed to drive a taxicab, demonstrates that the applicant is not a responsible, safe, or careful driver? This record may include eyewitness testimony of unsafe or dangerous driving. ([Section 53-213(c)] ..... ☐ Yes ☐ No

   If "yes," explain _____

   _____

   _____

4. Have you made a false statement or given a false answer to obtain a license by fraud, misrepresentation, misleading statements, evasion or suppression of material fact? [Section 53-213(d)] ..... ☐ Yes ☐ No

If "yes," explain _____

_____

5. Are you unable to safely operate a taxicab or might otherwise endanger the public health, safety, or welfare or are you unable to fulfill the duties of a driver as required by applicable regulations? [Section 53-213(e)] ..... ☐ Yes ☐ No

If "yes," explain _____

_____

6. Do you have substantial delinquent debts to the County, State, or Federal government? [Section 53-213(f)] ..... ☐ Yes ☐ No

If "yes," explain _____

_____

7. Do you have a record of violations of this Chapter or other laws or regulations of the County, State, or any other jurisdiction indicates to the Director that a license should not be issued to protect public safety? [Section 53-213(g)] ..... ☐ Yes ☐ No

If "yes," explain _____

_____

8. Does your fleet or association, including any officer, director, owner, employee, affiliate, subsidiary, or holding company, have any direct or indirect ownership interest in or management control over any other fleet or association that operates in the County? [Sections 53-203(a) and 53-214(a)] ..... ☐ Yes ☐ No

If "yes," explain _____

_____

9. Have you been convicted of fraud, misrepresentation, or false statement in the course of doing business? [Section 53-214(b)(1)] ..... ☐ Yes ☐ No

If "yes," explain _____

_____

10. While operating a taxicab fleet in any jurisdiction, have you had your license or other permission to operate taxicab services revoked or suspended because material violation of law or substandard performance? [Section 53-214(b)(2)] ..... ☐ Yes ☐ No

If "yes," explain _____

_____

11. Have you failed to keep the licensed taxicab in continuous operation as required by Section 53-227? [Section 53-214(b)(3)] ..... ☐ Yes ☐ No

If "yes," explain _____

_____

12. Have you failed to operate at the customer service levels required by applicable regulations, or have you failed to comply after reasonable notice with any required safety, operational, or inspection requirement of Chapter 53? [Section 53-214(b)(4)] ..... ☐ Yes ☐ No

If "yes," explain _____

_____

FLEET CUSTOMER SERVICE PLAN

1. How do you justify the need for additional taxicab licenses? [Section 53-205(b)(1)] _____

_____

_____

2. How will you operate your taxicab to improve customer service? _____

_____

_____

3. Review the map (see page 2) that delineates the geographic areas of service and respond to the following questions.

   (a) Describe the fleet or association's current geographic areas of service. _____

   _____

   _____

   (b) Include any planned expansion in a service area or a willingness to serve areas that need additional service. _____

   _____

   _____

   (c) Describe the geographic areas you primarily intend to serve. _____

   _____

   _____

4. Include the extent of your willingness to serve types of passengers who need additional service. _____

_____

_____

5. Describe the extent of your development of and participation in innovative taxicab services such as Medicaid Transportation, Call-N-Ride, Metro Access, Ridesharing and any other programs. [Section 53-211(c)] _____

_____

_____

6. Describe the levels and types of services you will provide. [Section 53-211(h)] _____

_____

_____

7. Describe your existing and proposed hiring and training procedures for drivers. [Section 53-211(j)] _____

_____

_____

8. Describe your driver recruitment and retention programs. _____

_____

_____

9. Describe your driver training improvements planned for the next year. _____

_____

_____

10. Describe your company's accident reporting policies and procedures. _____

_____

_____

11. Summarize your prior taxicab productivity as measured by the number of daily trips per cab. [Section 53-211(b)]. This data must be provided in *summary* form by month for FY 2005 (July 1, 2004-June 30, 2005) and FY 2006 (July 1, 2005-June 30, 2006).

_____

_____

12. Describe your incentive programs for drivers for exceeding work performance or providing outstanding customer service. _____

_____

_____

13 Describe your criteria that are in place to measure customer service. _____

_____

_____

14. Describe your fleet's methods of dispatching taxicabs and how the method enhances customer service. _____

_____

_____

15. Describe your type of taxicab communication systems such as radio or cellular dispatch. _____

_____

_____

16. Describe your fleet's procedures for receiving passenger calls and dispatching calls. _____

_____

_____

17. Describe your fleet's dispatcher training programs. _____

_____

_____

18. Describe your fleet's system for handling property left by passengers. _____

_____

_____

19. Describe your complaint resolution policies and procedures. _____

_____

_____

20. Describe the make, model, and year of vehicles that you will place in service as taxicabs in the County. _____

_____

_____

21. Describe your fleet's vehicle maintenance schedule. _____

_____

_____

22. Describe your fleet's vehicle replacement schedule. _____

_____

_____

23. Describe your promotional and marketing plans. _____

_____

_____

24. Describe your programs for drivers that teach them how to succeed in the taxicab business. _____

_____

_____

25. Describe both on the road and classroom retraining programs for drivers who have had a poor driving or customer service record. _____

_____

_____

26. Describe how your fleet will take responsibility for licensees, affiliates and drivers performance. [Section 53-219] _____

_____

_____

27. Describe your customer service plans for persons with disabilities. _____

_____

_____

28. Describe your phase in plan for service improvements. _____

_____

_____

29. Include any other information you would like to share. _____

_____

_____

I, _____(print or type name) solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the application and all required documents are true and correct.

I understand the requirements for holding a taxicab Passenger Vehicle License. I have answered all questions in full and attached the required documents. I understand that if this application is incomplete it will be rated "not-qualified" or "ineligible" and will not be considered for issuance.

I understand the criteria for denying the issuance or renewal of a taxicab Passenger Vehicle License under Sections 53-213 and 53-214.

I am familiar with the Montgomery County Code Chapter 53 under which the County regulates taxicabs and I am qualified to hold a license(s).

I further understand that if I am issued a taxicab Passenger Vehicle License, the taxicab(s) must be placed in revenue service **no later than March 31, 2007**.

Signature of the Applicant: _____ Date: _____

Applicant (Print Name): _____

Address: _____

City: _____ State: _____ Zip: _____

TAXICAB FEE SCHEDULE

I. Driver Identification Card (ID)

Application	$20
Temporary	$15
New one year	$50
Renewal one year	$75
Renewal two year	$150
Duplicate	$25
Test Fee	$20

II. Passenger Vehicle License (PVL)

Renewal	$325
Vehicle Replacement	$75
Affiliate Company Transfer	$150
Application for Individual PVL	$500
Application for Fleet PVLs	$1,000
New Taxicab PVL in Service (Individual)	$5,000
New Taxicab PVL in Service (Fleet)	$2,500

Ownership Transfer

1-4 PVLs	$2,500/PVL
5-100 PVLs	$10,000 + $500/PVL over 4
101 + PVLs	$58,000 + $250/PVL over 100
Vehicle re-inspection 1st	$25
Vehicle re-inspection 2nd	$75
Vehicle re-inspection 3rd	$150

TAXICAB METER RATE SCHEDULE

Rate for One Passenger:

Rate for the initial charge	$4.00
For each succeeding one-fourth mile	$ .40
Waiting and Traffic Delay Time	$24/hr
Additional Passengers	$1.00
Personal Service for Loading Items	$1.00
Pick-up and Delivery	$2.00
Snow Emergency (*Charge in the event a snow emergency is declared by the Statefor the County.*) DOES APPLY TO INTERSTATE TRIPS	$2.50
Service Animal	$0.00
Toll and Surcharges	As Required

RATING PROCESS

A comparative rating process for the issuance of the passenger vehicle licenses will be used. The purpose of the comparative ranking process is to promote high-quality taxicab service and a viable and competitive industry. A total of 100 points is possible and 80% is the qualifying score. Anything below 80% will be disqualified. Licenses will be issued based on numerical scores*. The following are the areas for consideration:

CRITERIA	MAXIMUM POINTS
1. COMPETITION AND CUSTOMER SERVICE *How the new PVL(s) will enhance competition in the County and improve customer service.*	30
2. CUSTOMER SERVICE PLAN *Ability to provide safe, repsonsive, reliable taxicab service.*	20
3. KNOWLEDGE AND EXPERIENCE *Experience operating a taxicab or transportation business. Familiarity with Maryland state laws and regulations for the operation of a business. Customer Serivce performance data demonstrating success operating a transportation business.*	15
4. TAXICAB DRIVER HIRING Ability to recruit and retain taxicab drivers.	15
5. FINANCIAL AND MANAGERIAL RESOURCES *Financial and managerial resources to operate and maintain the taxicabs and the ability to comply with the Montgomery County Code Chapter 53. Level of capitalization, projected costs, and projected equipment purchases, and technological innovations.*	10
6. QUALITY OF VEHICLES AND MAINTENANCE *Model, make and year of vehicles to be placed in service. Vehicle maintenance and compliance plans.*	10
TOTAL POINTS	100