

CITY OF HARRISONBURG, VIRGINIA
DEPARTMENT OF PUBLIC TRANSPORTATION
475 E. Washington Street, Harrisonburg, VA 22802
(540)432-0492 FAX (540)432-0495

Processing Time: 14 days prior to Council Meeting.

Processing Fee: \$100.00

Subject to compliance with all provisions of Section 14 of the Code of the City of Harrisonburg and other relevant ordinances that may be adopted by City Council and other regulations promulgated by the City Manager and/or the Director of Public Transportation.

The owner or proposed owner shall make application for the certificate to the Council upon forms provided by the City and shall furnish the following information under oath of the applicant.

1. Applicant Information:

[X] Mr. [ ] Mrs. [ ] Ms. [ ] Miss.

(Please type or print clearly)

Name: Russell Edward Presnell
Address: 93 Shenandoah Ave, Harrisonburg
State: VA, Zip Code: 22802, E-mail: russellpresnell@gmail.com
Phone Number: 540.746.3562, Alternate Phone: 540.908.2838
Date of Birth: 11/05/77, Virginia Drivers License #: T63230268

The trade name under which the applicant does or proposes to do business:

Checkered Cab LLC

The financial ability and responsibility of the applicant: I have been successful operating a taxi cab company for the past 5 years.

The specific experience of applicant in the transportation of passengers for hire: I have been a cab driver since 2003 and owned my own company since Feb of 2011

The name and address of any person lending money or furnishing capital to the applicant where the operation is to be financed wholly or in part by means of borrowed money or capital in any form furnished by any person other than the owner:

Name: Summit Community Bank
Address: 224 S. Main St, Harrisonburg, VA, Zip Code: 22801

[ ] If more than one, check here and attach their name and address.

Have you ever been charged with any criminal offense?  Yes  No

If yes, please list the date, the court and jurisdiction, the offense, and the disposition. Use more paper if needed.

Date	Jurisdiction/Court	Charge	Disposition
July 2010	Shenandoah	Reckless driving	Dismissed
July 2010	Shenandoah	Assault	Dismissed

Provide a local criminal check from the City of Harrisonburg Police Department.

**2. Company Information:**

Company Name:

Address:

City:  State:  Zip Code:

Business Phone Number:

Location: Describe the character and location of the depots and terminals to be used, if any

**Form of Business (please check):**

Corporation Number of shares outstanding:

Sole Proprietorship Name of owner:

Partnership Name of partners:

Limited Liability Corp.

Company of Officers:

President (or owner):

Vice-President:

Secretary:

Treasurer:

Affiliated companies:

Type of Relationship:

3. Insurance Information:

Insurance Company: ~~ABC~~ ~~DEF~~ ~~GHI~~ American Service Insurance

Address: 8720 Stony Point Pkwy. Suite 125

City: Richmond State: VA. Zip Code: 23235

Agent: Venture Specialty Phone Number: 804. 414. 6501

Policy Number: VA 1000 000 137-01

A certificate of liability insurance is required to accompany this application. Have you attached the certificate of liability insurance?  Yes  No

4. Number of Taxicabs

The kind of vehicles proposed to be used, showing seating capacity, design and color scheme of each. Attach a list of vehicles to include cab number, make, model, year and VIN number.

# Currently Authorized: 5 # Currently in Use: 5



Number of taxicabs you anticipate adding through the coming year: 0

Is your taxi radio equipped?  Yes  No FCC License #:                     

**Applications for certificates shall be filed with the City Clerk at least fourteen (14) days prior to the Council meeting at which any such application is to be acted upon.**

**In accordance with federal; privacy and security code regulations and Section 19.2-389 of the Code of the State of Virginia (1950), as amended, I agree that any information discovered as a result of the submission of this form may be released to any City official that will have the authority to act on this application. Further, if disqualifying information is discovered, this fact, but not the specifics of such information, may be made known to the organization officials names in the application.**

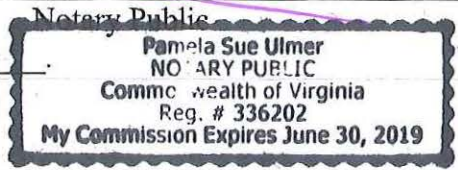
Reason for request: Certificate of Public Convenience and Necessity Application

Applicant's Signature:  Date:  11/12/15

State of Virginia, City of Harrisonburg, to Wit: \_\_\_\_\_

Has personally appeared before me, and subscribed and swore to the accuracy of the forgoing instrument this 12th day November, 2015.

My commission expires: 6/30/2019, 20  .





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/10/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

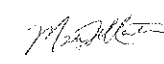
<b>PRODUCER</b> Venture Specialty Insurance 8720 Stony Point Parkway, Suite 125 Richmond, VA 23235	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (804) 521-2993	FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b>  Checkered Cab LLC 93 Shenandoah Ave. Harrisonburg, VA 22802	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A: American Service Insurance</b>		<b>42897</b>
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

## COVERAGES                                  CERTIFICATE NUMBER:                                  REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			VA1000000137 00	12/23/2013	12/23/2014	COMBINED SINGLE LIMIT (Ea accident) \$ <b>250,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED                                  RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
1998 Ford Crown Victoria 2FAPP71W4WX177510 VA  
1999 Mercury Grand Marquis 2MEFM74W4XX642415 VA  
2000 Ford Windstar 2FMDA5243YBA07798 VA  
1998 Ford Crown Victoria 2FAPP71W7WX111100 VA  
2001 Ford Crown Victoria 2FAPP71W51X164127 VA

<b>CERTIFICATE HOLDER</b>  Checkered Cab LLC 93 Shenandoah Ave. Harrisonburg, VA 22802	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

## Vehicles List

	Color	Make	Model	Seating	Design	Year	VIN
#102	Orange	Ford	Crown Vic		4 Sedan	1998	2FAFP71W7WX111100
#103	Orange	Ford	Crown Vic		4 Sedan	2001	2FAFP72W71X187813
#105	Orange	Ford	Windstar		6 Van	2000	2FMDA5243YBA07798
#108	Orange	Ford	Crown Vic		4 Sedan	1998	2FAFP71W4WX177510
#109	Orange	Mercury	Grand Marquis		5 Sedan	1999	2MEFM74W4XX642415



# HARRISONBURG POLICE DEPARTMENT

101 N. MAIN ST.

HARRISONBURG, VIRGINIA 22802

STEPHEN P. MONTICELLI  
Chief of Police

PHONE: (540) 437-2650    FAX: (540) 437-2651

Date: 11/10/2015

Dear Sir/Madam:

The criminal records of the Harrisonburg Police Department have been checked as of the above date for the following individual:

Name: Presnell, Russell Edward

Date of Birth: 11/05/1977

Social Security No: 591-58-7408

Our records show the following:     No Charges     The following criminal charges:

<u>Date Charged</u>	<u>Charges</u>	<u>Officer</u>	<u>Disposition</u>
<u>07/26/2010</u>	<u>Improper reg. or license plates</u>	_____	<u>Guilty in Absent</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NOTE:** This records check reflects convictions only on criminal charges made by the Harrisonburg Police Department and does not include any traffic charges that may exist against this individual. To receive a traffic record on this individual, you should direct such a request to the Division of Motor Vehicles.

Sincerely,

Records Clerk



# City of Harrisonburg, Virginia

CM2016022

## Treasurer's Office Advice/Receipt

(This is not a Customer Receipt)

Make Checks Payable and Remit To:  
Harrisonburg City Treasurer  
345 South Main Street  
Harrisonburg, Virginia 22801

Payment Due:

Customer: Checkered Cab

Department	Date	Receipt Code	Description	Amount
CMO	11/17/2015	2111-1332	Taxi Application - Checkered Cab	100.00
<b>Total</b>				100.00

**Erica Kann**

Print Name

PAID  
NOV 17 2015