

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: Gary Lee Beatty
(First) (Middle) (Last)

Address: 450 S Mason St City: Harrisonburg

State: VA Zip Code: 22801 E-mail:

Phone Number: 540 478 5980 Alternate Phone:

Date of Birth: 05/15/48 Virginia Drivers License #: T63218946

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

Rocktown Transportation LLC

The financial ability and responsibility of the applicant:

The specific experience of applicant in the transportation of passengers for hire: 5 years experience in running Rocktown Transportation LLC

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:
(First) (Middle) (Last)

Address:

City: State: Zip Code:

[] 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

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

2. Company Information:

Company Name: Rocktown Transportation LLC

Address: P.O. Box 629 1381 N Liberty St

City: Harrisonburg State: VA Zip Code: 22803

Business Phone Number: 540 434 2515 Business License Number: 2000007038

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

Office and Dispatcher Center

Form of Business (please check):

Corporation Number of shares outstanding: _____

Sole Proprietorship Name of owner: _____

Partnership Name of partners: _____

LLC

Company of Officers:

President (or owner): Gary L. Beatty (owner)

Vice-President: _____

Secretary: _____

Treasurer: _____

Affiliated companies: _____

Type of Relationship: _____

3. Insurance Information:

Insurance Company: Amalgamated Casualty Insurance Co

Address: 500 Morse St NE

City: Washington State: DC Zip Code: 200027012

Agent: Venture Speciality Phone Number: 804-521-2993

Policy Number: CAP-16-D10524-00

A certificate of liability insurance is required to accompany this application. Have you attached the certificate of liability insurance? [X] 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: 7 # Currently in Use: 7

Number of taxicabs you anticipate adding through the coming year: 2

Is your taxi radio equipped? [X] Yes [] No FCC License #: 002117530

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

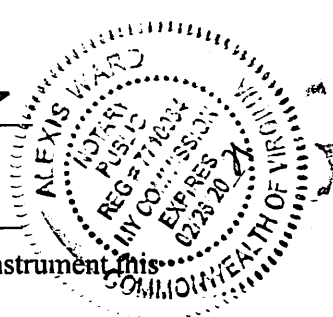
Applicant's Signature: Gary Beatty Date: Aug 9, 2017

State of Virginia, City of Harrisonburg, to Wit: Gary Beatty

Has personally appeared before me, and subscribed and swore to the accuracy of the forgoing instrument this day August 9, 2017.

[Signature] Notary Public

My commission expires: 2/28, 2022



of cement, please to be in place...

AM 12 2004 002

STATS0005

of ...

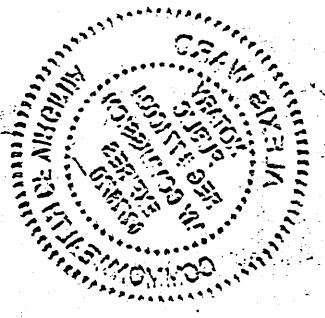
EDPS 4158 - 403

please ...

00-4-2010-019AD

2

012117300



Handwritten signature or initials.

Handwritten signature or initials.



ROCKTRA-01

AWATSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/07/2017

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 have ADDITIONAL INSURED provisions or 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).


PRODUCER Venture Specialty Insurance 1504 Santa Rosa Rd., Suite 206 Richmond, VA 23229	CONTACT NAME: PHONE (A/C, No, Ext): (804) 521-2993		FAX (A/C, No):	
	E-MAIL ADDRESS:			
INSURED Rocktown Transportation LLC DBA Yellow Cab of Harrisonburg P.O. Box 629 Harrisonburg, VA 22803	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A : Amalgamated Casualty Insurance Co			
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			
	INSURER F :			

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
	COMMERCIAL GENERAL LIABILITY <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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAP-16-0105244-00	08/29/2016	08/29/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Winchester 231 E. Piccadilly St. Suite 310 Winchester, VA 22601	CANCELLATION 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 
--	---



City of Harrisonburg, Virginia

CM2017032

Treasurer's Office Advice/Receipt

(This is not a Customer Receipt)

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

Payment Due:

Customer: Rocktown Transportation, LLC DBA Yellow Cab of Harrisonburg

Department	Date	Receipt Code	Description	Amount
CMO	8/9/2017	CG1332	Taxi Application (Renewal) Fee	100.00
PAID AUG -9 2017				
Total				100.00

Aimee Londeree

Print Name