

COPY

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:

Mr. Mrs. Ms. Miss.

(Please type or print clearly)

Name: ROLAND SHEHU
(First) (Middle) (Last)

Address: 164 WINDY KNOLL DR City: HARRISONBURG

State: VA Zip Code: 22802 E-mail: roltrucking@aol.com

Phone Number: (540) 908 5918 Alternate Phone: _____

Date of Birth: 12/08/58 Virginia Drivers License #: T63234329

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

The financial ability and responsibility of the applicant: _____

The specific experience of applicant in the transportation of passengers for hire:
ALREADY DRIVING TAXI

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: EAGLE TAX I

Address: 164 WINDY KNOLL DR / OR 1621 N LIBERTY

City: HARRISONBURG State: VA Zip Code: 22802

Business Phone Number: (540) 908 5918

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

Form of Business (please check):

Corporation Number of shares outstanding: _____

Sole Proprietorship Name of owner: _____

Partnership Name of partners: _____

Company of Officers:

President (or owner): _____

Vice-President: _____

Secretary: _____

Treasurer: _____

Affiliated companies: _____

Type of Relationship: _____

3. Insurance Information:

Insurance Company: GEICO
Address: ONE GEICO BLVD
City: FREDERICKS BURG State: VA Zip Code: 22802
Agent: _____ Phone Number: (800) 841 3000
Policy Number: 0580-63-35-01

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

1

RED COLOR A VAN

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: _____ # Currently in Use: _____
Number of taxicabs you anticipate adding through the coming year: 4 ESTIMATE IN FUTURE
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.

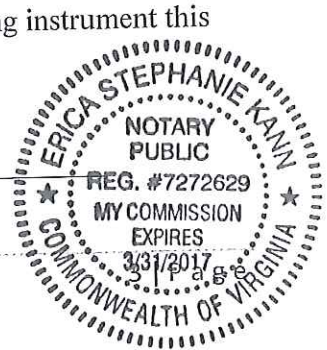
Reason for request: Certificate of Public Convenience and Necessity Application

Applicant's Signature: Roland Shehu Date: 9/3/14

State of Virginia, City of Harrisonburg, to Wit: Roland Shehu

Has personally appeared before me, and subscribed and swore to the accuracy of the forgoing instrument this day September 3, 2014.

My commission expires: 3/31/17, 20 .
Erica S. Kann
Notary Public





HARRISONBURG POLICE DEPARTMENT

101 N. MAIN ST.

HARRISONBURG, VIRGINIA 22802

COL. D.G. HARPER
Chief of Police

PHONE: (540) 437-2650 FAX: (540) 437-2691

Date: 9/15/2014

Dear Sir/Madam:

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

Name: SHEHU,ROLAND

Date of Birth: 12/08/1958

Social Security No: 116-70-2733

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

<u>Date Charged</u>	<u>Charges</u>	<u>Officer</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: This records check reflects **CONVICTIONS ONLY** on criminal charges made **ONLY** by the Harrisonburg Police Department and **DOES NOT** include any traffic charges that may exist against this individual (Except for Taxi License applicants). To receive a traffic record on this individual, you should direct such a request to the Division of Motor Vehicles.

Sincerely,



Martha S. Kelly

Records Clerk

State of Virginia, County of Rockingham, To Wit:
Given Under my hand this 15 day of Sept., 2014

Jessica M. Desper

Notary Public Signature