

Title 14 – Transportation
Chapter 1 – Taxi Cabs

Article B. Certificates of Public Convenience and Necessity Check off list

***In addition to all the Sections noted below, applicants are responsible for reviewing all sections of Title 14 Chapter 1 of the Harrisonburg City Code.**

Section 14-1-32. Prerequisite to license.

- Inquiry by the new taxi company about the process.
 - Review Title 14 Chapter 1 of the Harrisonburg City Code
 - Application Information – City Clerk or under documents on the Harrisonburg City Website
 - Specific questions regarding taxi cab operations – HDPT
 - Check off list – City Clerk or HDPT

Section 14-1-33. Application for certificate.

- Application can be obtained through the City Clerk or under documents on the Harrisonburg City Website
- Complete application
 - Attach the kind of vehicles proposed to be used, showing seating capacity, and design and color scheme of each. (No color scheme to resemble an existing taxi color scheme).
 - Attach a list of vehicles to include cab number, make, model, year and VIN number.

Section 14-1-34. Same – Filing with city clerk and fee

- Submit application to the clerk with a non-refundable one hundreds (\$100) application fee at least fourteen (14) days prior to the council meeting. (Council meetings are held 2nd and 4th Tuesdays of each month).

Section 14-1-35. Same – Investigation and report by director of public transportation.

- City Clerk submits application fee and sends application to HDPT Department
- HDPT investigates the information of the application. *Background Checks Ordered*
- HDPT report's findings in writing both to the City Clerk and applicant prior to Council meeting.

Section 14-1-36. Same – Determination of public convenience and necessity.

- City Council reviews the application and findings during the regular agenda process.

Section 14-1-37. Authority of council as to grant or refusal.

- City Council approves or denies the applicant.

Section 14-1-39. Issuance and contents. And Section 14-1-40. Duration

- If approved, the City Clerk shall issue a certificate to the applicant. (5 years unless revoked).

Section 14-1-41. Applications for renewal.

- Application can be obtained through the City Clerk or under documents on the Harrisonburg City Website
- Complete application
 - Attach the kind of vehicles proposed to be used, showing seating capacity, and design and color scheme of each. (No color scheme to resemble an existing taxi color scheme).
 - Attach a list of vehicles to include cab number, make, model, year and VIN number.
- Submit application to the clerk with a non-refundable one hundreds (\$100) application fee at least fourteen (14) days prior to the council meeting. (Council meetings are held 2nd and 4th Tuesdays of each month).

*Called
6-28-17
for list
N/A*

Section 14-1-42. Hearings by council as to renewals, etc.

- Council, at its discretion, conducts a hearing.
 - Notice is given by mail to all holders of certificates and applicants for certificates – HDPT
 - Notice is published in newspaper at least once and not less than ten (10) days prior to hearing. – City Clerk
- Standing committee meets to assist City Council in their decision.

Section 14-1-44. Transferability.

- Application can be obtained through the City Clerk or under documents on the Harrisonburg City Website
- Complete application
 - Attach the kind of vehicles proposed to be used, showing seating capacity, and design and color scheme of each. (No color scheme to resemble an existing taxi color scheme).
 - Attach a list of vehicles to include cab number, make, model, year and VIN number.
- Submit application to the clerk with a non-refundable one hundreds (\$100) application fee at least fourteen (14) days prior to the council meeting. (Council meetings are held 2nd and 4th Tuesdays of each month).

Section 14-1-45. Substitution of equipment.

- Inspected and approved by HDPT with endorsement on the certificate attested by City Clerk.
- Updated list shall be submitted each time equipment is sold, replaced, or added.
 - In addition, an updated list shall be filed with HDPT on the anniversary date of the certificate of public convenience and necessity for each and every certificate holder.



City of Harrisonburg, Virginia

CM2017027

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: Benish Corporation, LLC Royal Cab and Limo

Department	Date	Receipt Code	Description	Amount
CMO	6/21/2017	CA 1332 GF 1679	Taxi Application (Renewal) Fee	100.00
Total				100.00

PAID
JUN 22 2017

Pamela Ulmer

Print Name

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: SOHAIL G. AFRIDI (First, Middle, Last)

Address: 954 SOUTH HIGH ST. City: HARRISONBURG

State: VA Zip Code: 22801 E-mail: Sohail1217@a.o.l.com

Phone Number: 540-435-9287 Alternate Phone: 540-435-9052

Date of Birth: 12-17-1965 Virginia Drivers License #: T63239208

The trade name under which the applicant does or proposes to do business: BENISH CORPORATION LLC ROYAL CAB & LIMOUSINE

The financial ability and responsibility of the applicant:

The specific experience of applicant in the transportation of passengers for hire: 25-years

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: N/A (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: ROYAL GAS & LINENS INC

Address: 954 SOUTH HIGH ST.

City: HARRISONBURG State: VA Zip Code: 22801

Business Phone Number: 540-438-7777 Business License 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: 2
 Sole Proprietorship Name of owner: SOHAIL G. AFRIDI
 Partnership Name of partners: WASEEM G. AFRIDI

Company of Officers:

President (or owner): SOHAIL G. AFRIDI

Vice-President: WASEEM G. AFRIDI

Secretary: _____

Treasurer: _____

Affiliated companies: _____

Type of Relationship: _____

3. Insurance Information:

Insurance Company: GUIATI INSURANCE AGENCY LLC
Address: 7420 - ALBAN STATION BUD SUIT-B-224
City: SPRINGFIELD State: VA Zip Code: 22150
Agent: DIANA NUNEZ Phone Number: 1-800-937-2247
Policy Number: CVA-000-5392-9756

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: 15 # Currently in Use: 15

Number of taxicabs you anticipate adding through the coming year: 15

Is your taxi radio equipped? Yes No FCC License #: Through BLUE RIDGE COMMUNICATION

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.

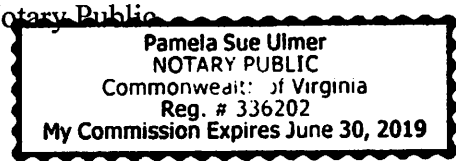
Reason for request: Certificate of Public Convenience and Necessity Application (RENEWAL)

Applicant's Signature: Sohail Afridi Date: 6-21-17

State of Virginia, City of Harrisonburg, to Wit: SOHAIL AFRIDI

Has personally appeared before me, and subscribed and swore to the accuracy of the forgoing instrument this 21 day of June, 2017.

My commission expires: 6/30/19, 20



DECLARATIONS FOR A BUSINESS AUTO

AMENDED

05/05/17

Policy No: CVA 000-5392-975-6

ITEM ONE

Named Insured and Address

Producer Name and Address

BENISH CORP
DBA ROYAL CAB & LIMO
954 SOUTH HIGH STREET
HARRISONBURG VA 22801

GULATI INSURANCE AGENCY
LLC
7420 ALBAN STN BLVD #B224
SPRINGFIELD VA 22150

Producer Code: .050

Broker:

Report Basis: ANNUAL

PREV POLICY NO: 7382534

Policy Period: From 09/02/16 to 09/02/17 at 12:01 A.M. Standard Time at your mailing address shown above.

Insurer Company and Code: 001

NATIONAL CONTINENTAL INSURANCE COMPANY

Named Insured's Business: 2 TAXI SERVICE

NRP FILING FEE *MAN CERT

Form of Business: CORPORATION

*

\$0

*This policy may be subject to final audit.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column on the covered autos schedule. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS
LIABILITY	1	125,000 CSL
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)		Separately stated in each PIP endorsement
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault coverage)		Separately stated in each added PIP endorsement
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in the P.P.I. endorsement
AUTO MEDICAL PAYMENTS		
UNINSURED MOTORISTS	7	25,000 PER PERSON 50,000 PER ACCIDENT 20,000 PER ACCIDENT
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR for hired or borrowed "autos."
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR for hired or borrowed "autos."
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO. See ITEM FOUR for hired or borrowed "autos."
PHYSICAL DAMAGE TOWING AND LABOR (Not available in California)		\$ for each disablement of a private passenger auto.

ADDED DRIVER DENNIS VELASQUEZ AS REQUESTED

CA DS 03 03 06

Batch Rep Cur Date Run Seq
F10215 E G 17145 2419

End Last Run Eff Date Pages
035 17142 05/05/17 33440

Yr INSURED
16

POD



Telephone: 866-996-7412
Fax: 866-996-1292

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Thank You.

Your request has been submitted for the following:

Name: SOHAIL GULL AFRIDI
Social Security: XXX-XX-7086
Birthdate: 12/17/1965
Reference: ROYAL CAB
Auto-Generated Order #: 712031

 [Click Here to Enter Another Request](#)

...or select one of the navigation buttons above to continue

Request Posted 3:44:17 PM on 6/28/2017



Telephone: 866-996-7412
Fax: 866-996-1292

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Thank You.

Your request has been submitted for the following:

Name: WASEEM GULL AFRIDI
Social Security: XXX-XX-8373
Birthdate: 01/26/1973
Reference: ROYAL CAB
Auto-Generated Order #: 712030

 [Click Here to Enter Another Request](#)

...or select one of the navigation buttons above to continue

Request Posted 3:41:54 PM on 6/28/2017