

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:
(First) (Middle) (Last)

Address: City:

State: Zip Code: E-mail:

Phone Number: Alternate Phone:

Date of Birth: Virginia Drivers License #:

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

The financial ability and responsibility of the applicant:

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

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: Ride Rite LLC

Address: 465 CAIF Mountain Rd.

City: Waynesboro State: VA Zip Code: 22980

Business Phone Number: 434-327-3815

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

NONE, OFFICE IS LOCATED IN AUGUSTA COUNTY.

Form of Business (please check):

Corporation

Number of shares outstanding:

Sole Proprietorship

Name of owner: LESLIE K. SMITH

Partnership

Name of partners:

Company of Officers:

President (or owner):

Vice-President:

Secretary: N/A

Treasurer:

Affiliated companies:

Type of Relationship:

3. **Insurance Information:**

Insurance Company: SELECTIVE INSURANCE CO.

Address: 320 N. CENTRAL AVE.

City: STAWTON State: VA Zip Code: 24401

Agent: MATT MILLS Phone Number: 540-886-3456

Policy Number: S1976436

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: 38 # Currently in Use: 38

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

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: 9/16/2014

State of Virginia, City of Harrisonburg, to Wit: Leslie Smith

Has personally appeared before me, and subscribed and swore to the accuracy of the forgoing instrument this day September 16, 2014.


Notary Public

My commission expires: March 31, 2017.



Ride Rite LLC
Vehicles to be used in Harrisonburg, VA

Vehicle #	Year	Make	Model	Seating	VIN	Color
14	2009	Chrysler	Town&Country Van	6	2A8HR54139R585080	White
29	2012	Chrysler	Town&Country Van	6	2C4RC1BG1CR162342	Red
36	2013	Dodge	Grand Caravan	6	2C4RDGCG2DR545481	Gray
38	2012	Chrysler	Town&Country Van	6	2C4RC1BG1CR279550	Silver
37	2012	Dodge	Grand Caravan	6	2C4RDGCG2CR219288	White



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/8/2014

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).

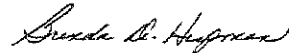
PRODUCER Bankers Insurance, LLC 320 North Central Avenue Staunton VA 24401	CONTACT NAME: Brenda D. Hupman, ACSR PHONE (A/C. No. Ext): 540-213-2312 E-MAIL ADDRESS: bhupman@bankersinsurance.net	FAX (A/C. No.): 800-899-0146
	INSURER(S) AFFORDING COVERAGE	
INSURED Ride Rite, LLC P. O. Box 127 Waynesboro VA 22980	INSURER A: Selective Insurance Company of Amer	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 597107584 **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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			S 1976436	3/31/2014	3/31/2015	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 Abuse or Molestation \$\$1Mil/\$3Mil
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			S 1976436	3/31/2014	3/31/2015	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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER City of Harrisonburg 475 E. Washington Street Harrisonburg VA 22801	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 



9/15/14

City of Harrisonburg,

Virginia Premier Health Plan, Inc. is a non-profit Managed Care Organization. We provide healthcare services to recipients that qualify for Medicaid, or dually eligible for both Medicaid and Medicare. Benefits include non-emergency transports to and from medical appointments, health and wellness events, and educational sessions. This letter is to serve as a request to allow Ride Rite LLC to provide non-emergency medical transportation to our members in the city of Harrisonburg.

Sincerely,

Harold M. Brooks
Vice-President, Member Operations

A handwritten signature in blue ink that reads "H M Brooks".

Virginia Premier Health Plan
600 East Broad St
Richmond, VA 23219



Department of Social Work

To Whom It May Concern,

Ride Rite LLC is vital to the operations of the University of Virginia Medical Center. Many other hospitals around the state of Virginia send patients to UVA to be evaluated. Ride Rite being contracted with both Virginia Premier and Logisticare is charged with transporting patients to routine appointments, dialysis, and appointments that severely impact the immediate health of the patients. In many instances, Ride Rite LLC is essential to transporting the families of our sickest children back and forth to UVA frequently for teaching and visitation. Many of these families reside in Harrisonburg. As Ride Rite only transports for medical appointments and discharges, they have a special niche in the transport world. The drivers are specifically trained to comprehend the special interests of our patients. Ride Rite LLC frequently transports patients with mental illnesses. They are specifically trained by Logisticare to treat these patients with kindness to ensure a tense situation does not escalate. Ride Rite LLC also transports many of our patients that frequently get sick in their vehicles and/or have issues with incontinence. They understand that many of our patients are immunocompromised and make arrangements to protect these patients from the many contagious bugs and diseases that would not affect the general population but are life threatening to some of our patients. Since Ride Rite only transports patients, they are more equipped to understand the needs of our patients than a traditional taxi cab company would. Many other transport agencies in the Harrisonburg region are unable to accommodate urgent last minute trips. While we use many transport agencies across the state of Virginia, it is imperative that Ride Rite is able to transport in Harrisonburg, Charlottesville, and the surrounding areas when patients have needs not understood by traditional transport agencies.

Thank you,

Audra

Audra Leigh Hancock
Transportation Coordinator
University of Virginia Medical Center
Care Management Division
Department of Social Work
Box 800670
1215 Lee Street
Charlottesville, VA 22908
Transportation: 434-982-3279
Mobile: 434-760-0791
Fax: 434-982-4958\



2014 BUSINESS LICENSE

Issued pursuant to Chapter 12, Article 1 of the Augusta County Code

State law reference--Virginia Code § 58.1-3700. et. seq.

Beginning Date: **January 01, 2014**

Expiration Date: **December 31, 2014**

BL ACCT#: **12222**

Licensee: **RIDE RITE, LLC**
P O BOX 127
WAYNESBORO, VA 22980

Trading As: **RIDE RITE, LLC**
465 CALF MOUNTAIN RD
WAYNESBORO, VA 22980

The Licensee is hereby properly registered, licensed and authorized to engage in the following activity, exclusive to all other:

TAXI SERVICE

Notice: This license will expire at midnight on the Expiration Date indicated above. Continuing to engage in any business activity after the expiration indicates your intent to renew this license and will therefore obligate the Licensee to renew pursuant to Chapter 12, Article 1 of the Augusta County Code. It is unlawful to engage in business activity, not specifically listed above, without first applying to the Commissioner of the Revenue for a license.

Signed: _____

Jean Shrewsbury
W. Jean Shrewsbury, Commissioner of the Revenue

02/04/2014

Date

Top portion of this license is to be displayed prominently and in unobstructed view of customers and/or clients

CUT HERE

CUT HERE

CUT HERE

