

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: MUSA ARBAS SYED
(First) (Middle) (Last)

Address: 3120 BROOKESHIRE DR City: HARRISONBURG

State: VA Zip Code: 22801 E-mail: abccab111@yahoo.com

Phone Number: 540-564-1214 Alternate Phone: 540-435-1414

Date of Birth: 09/14/1966 Virginia Drivers License #: T63217853

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

VALLEY CABS LLC DBA ABCCAB

The financial ability and responsibility of the applicant: OWNER & OPERATION MANAGER

The specific experience of applicant in the transportation of passengers for hire: 27 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
	N/A		

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

2. Company Information:

Company Name: VALLEY CAB LLC ORA ABC CAB

Address: 1622 COUNTRY CLUB RD

City: HARRISONBURG State: VA Zip Code: 22802

Business Phone Number: 540-564-1214 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: _____

Sole Proprietorship Name of owner: _____

Partnership Name of partners: _____

LLC (S CORPORATION) : MUSA A SYED & SUMAIRA AKBAR

Company of Officers:

President (or owner): MUSA A SYED

Vice-President: SUMAIRA AKBAR

Secretary: MOHAMMAD N KHALID

Treasurer: KIMBERLY AAN SYED RAZA

Affiliated companies: NONE

Type of Relationship: _____

3. Insurance Information:

Insurance Company: AMALGAMATED CASUALTY INSURANCE COMPANY
Address: 8401 CONNECTICUT AVE, SUITE #105
City: CHEVY CHASE State: MD Zip Code: 20815
Agent: RAZA INSURANCE AGENCY INC Phone Number: 202-547-8700
703-813-6114
Policy Number: CAP-16-0101929-02

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: 16 # Currently in Use: 9

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

Is your taxi radio equipped? [X] 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: [Signature] Date: 2-20-2017
Musa A. Syed

State of Virginia, City of Harrisonburg, to Wit: Musa Syed

Has personally appeared before me, and subscribed and swore to the accuracy of the forgoing instrument this day February 27, 2017.

Kimberly Kay Aylor
Notary Public

My commission expires: 11/31/19, 2019.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/18/2016

PRODUCER
RAZA INSURANCE AGENCY
6561 EDSALL ROAD
SPRINGFIELD, VA 22151

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
VALLEY CAB DBA ABC CAB, LLC
PO BOX 825
HARRISONBURG, VA 22803

AMALGAMATED CASUALTY INSURANCE CO.
500 MORSE STREET, NE
WASHINGTON, DC 20032

COVERAGES
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
				COMBINED SINGLE LIMIT (EACH PERSON)	\$500,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> SCHEDULED AUTOS	CAP-15-010929-01	11/19/2016	11/19/2017	BODILY INJURY (Per Person)	
				BODILY INJURY (Per Accident)	
				PROPERTY DAMAGE (Per Accident)	
				AUTO ONLY - EA ACCIDENT	
GARAGE LIABILITY <input type="checkbox"/> SEE POLICY				DEDUCTIBLE	
				LIMIT	
GARAGE KEEPERS LEGAL LIABILITY <input type="checkbox"/> TOWING <input type="checkbox"/> STORAGE					
OTHER Uninsured/ Underinsured	CAP-15-010929-01	11/19/2017	11/19/2017	\$70,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

2004 CHRYLER TOWN & COUNTRY VIN #2C4GP44RX4R537268
 2002 CHRYLER TOWN & COUNTRY VIN #2C8GP64L22R529880
 2002 CHRYLER TOWN & COUNTRY VIN #2FAFP71W8YX195463
 2001 CHRYLER TOWN & COUNTRY VIN #2C4GP44321R282848
 2000 FORD CROWN VIC VIN #2FAFP71W5YX107260
 2002 CHRYLER TOWN & COUNTRY VIN #2C8GP74L42R559744
 2002 CHRYLER TOWN & COUNTRY VIN #2C4GP34342R556398
 2001 FORD CROWN VIC VIN #2FAFP71W61X146865
 2003 FORD CROWN VIC VIN #2FAFP71W13X140345
 2004 DODGE CARAVAN VIC #1D4GP45R54B534178

CERTIFICATE HOLDER:

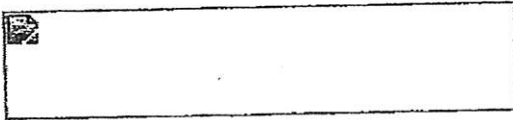
LOGISTICARE SOLUTIONS, LLC
 NETWORK DEVELOPMENT DEPARTMENT
 7443 LEE DAVIS RD SUITE 200
 MECHANICSVILLE, VA 23111

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail an 30 days written notice to the certificate holder named to the left.

AUTHORIZED REPRESENTATIVE _____ DATE 11/18/2016
A. Nadeem Raza

11/18/2016

Motor Carrier Insurance Reporting - Receipt



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November 18, 2016 1:39:26 PM

Motor Carrier Insurance Reporting

Print a copy of this summary and keep it for your records.

Insurance Company Information

NAIC Number: 13293
Insurance Company Name: AMALGAMATED CASUALTY INSURANCE CO
Address: 500 MORSE ST NE
City, State, and Zip Code: WASHINGTON, DC 200027012

Motor Carrier Information

Customer Number: T25020038
Motor Carrier Name: VALLEY CAB LLC
Trading As: ABC CAB
Address: 1622 COUNTRY CLUB RD
City, State, and Zip Code: HARRISONBURG, VA 22802

Policy Information

Type of Transaction: Add Policy
Insurance Type: Liability
Insurance Company Record ID:
Policy/Binder Number: CAP-16-0101929-02
Effective Date: 11/19/2016
Type of Policy: Expiration
Expiration Date: 11/19/2017

The insurance information has been sent to DMV.

If you have questions, [contact us](#).

Your [comments and suggestions](#) will help us improve this online feature.

Thank you for using the Extranet to submit your certificate of insurance, binder, or cancellation notice.

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Virginia Department of Motor Vehicles

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City of Harrisonburg, Virginia

CM2017012

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: Valley Cab, LLC dba ABC Cab

Department	Date	Receipt Code	Description	Amount
CMO	2/28/2017	GF 1679	Taxi Cab application Fee	100.00
Total				100.00

Pamela Ulmer

Print Name