



Date _____
Tracking Number _____

CPNC APPLICATION

RENEWAL APPLICATION

PAGE 1 MUST BE COMPLETED SEPARATELY BY EACH OWNER OR OFFICER THE THE COMPANY.

Type of CPNC: Taxi Limo Non-Emergency Medical General Charter Courtesy
 Accessible Taxi Animal Drawn Pedicab Sightseeing

INDIVIDUAL INFORMATION Is this a new address? Yes No (If yes, proof of residency is required)

Name _____ Business Affiliation (If applicable) _____

Address _____

City _____ State _____ Zip _____ Phone _____

Driver's License/State ID# _____ Expiration Date _____ Email Address _____

Country of Birth _____ City and State of Birth _____ Country of Citizenship _____

Yes No Are you authorized to work in the United States by the immigration laws or the US Attorney General?

List all previous addresses within the past ten years:

INTEREST DISCLOSURES AND/OR OFFICERS/MEMBERS

List the name, residence address, date of birth, and telephone number for any person who has a legal, beneficial, financial, or equitable interest as defined by law in the CPNC(s) to be issued or renewed. Definitions are listed below.

Financial Interest: A monetary interest or its equivalent. Any person having a financial interest in the CPNC. Example: A person who owns shares in the CPNC or any part of the CPNC or is in the process of buying the CPNC.

Beneficial Interest: Any person who manages, derives a profit, benefit or advantage resulting from a contract or agreement with the CPNC holder. Any person who benefits in some way through the CPNC holder.

Legal Interest: An interest arising out of a contract. Any person who has entered into a contract relating to the purchase of the CPNC (conditional sale) has a legal interest in the CPNC.

Equitable Interest: Abeneficiary in case of a CPNC holder's death or divorce. Spouses or other designated beneficiaries have an equitable interest in the license.

Full Name _____ Type of Interest _____

Residence Address _____

City _____ State _____ Zip _____ Phone _____

Full Name _____ Type of Interest _____

Residence Address _____

City _____ State _____ Zip _____ Phone _____

Full Name _____ Type of Interest _____

Residence Address _____

City _____ State _____ Zip _____ Phone _____

Full Name _____ Type of Interest _____

Residence Address _____

City _____ State _____ Zip _____ Phone _____

Initials: _____



Taxicab and For Hire
Vehicle Bureau License



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PAGE 2 MUST BE COMPLETED IF THE CPNC HOLDER IS A COMPANY.

BUSINESS INFORMATION (when applicable)

All of the partners or the principal officers of the organization, and the person actually exercising the executive direction of the organization shall be required to submit applications individually. All of the provisions applicable to individuals shall apply to and be required of such principal partners or officers, and the failure of any of them to meet such requirements shall be grounds to deny the application of such corporation, association or partnership.

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ City of New Orleans Occupational License # _____

EIN # _____ Email address _____

The City does not concede that a CPNC is a property right rather than a privilege. The City further does not concede that it is a best practice to allow CPNCs to be transferred during a period of suspension or revocation.

CHANGE DISCLOSURE

Have there been any changes of partners and/or principal officers since last year's renewal? Yes No

If yes, when did these changes take place (month, day, year)? _____

If yes, what were these changes?

Were these changes reported to the Taxicab and For Hire Bureau? Yes No

Did the new officers, partners, or other executive managing personnel submit an individual application to ensure that they possessed the qualifications required to hold a CPNC? Yes No

Has there been a change of equipment, or change of vehicle, on this CPNC? Yes No
If so, was a vehicle inspection completed? Yes No

Have you ever had any citations written against this CPNC? Yes No
If yes, please list citations, court hearings dates, etc.:

Initials: _____



Date	_____
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**PAGE 3 VEHICLE INFORMATION MUST BE COMPLETED FOR EACH CPNC.
 ADDITIONAL COPIES OF PAGE 3 MAY BE INSERTED FOR HOLDERS OF MULTIPLE CPNCs.**

VEHICLE INFORMATION

Vehicle Make _____ Vehicle Model _____ Year _____
 CPNC# _____ VIN _____ Service Line _____
 Insurance Company _____ Policy # _____

Taxicab CPNC Only

Which security camera system is installed in this vehicle?		Which debit/credit card PIM System is installed in this vehicle?	
VerifEye Technologies	24/7 Security	Creative Mobile Technologies	Taxi Guardian
Janus Cam		Taxi Magic/Ride Charge	Verifone Transportation Systems

Please provide the make and model of the approved GPS navigation device _____

VEHICLE INFORMATION (use this space if you hold more than 1 CPNC)

Vehicle Make _____ Vehicle Model _____ Year _____
 CPNC# _____ VIN _____ Service Line _____
 Insurance Company _____ Policy # _____

Taxicab CPNC Only

Which security camera system is installed in this vehicle?		Which debit/credit card PIM System is installed in this vehicle?	
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Please provide the make and model of the approved GPS navigation device _____

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Please provide the make and model of the approved GPS navigation device _____

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Vehicle Make _____ Vehicle Model _____ Year _____
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VerifEye Technologies	24/7 Security	Creative Mobile Technologies	Taxi Guardian
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Taxicab and For Hire
Vehicle Bureau License



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PAGE 4 MUST BE SIGNED AND NOTARIZED FOR EACH INDIVIDUAL INVOLVED AS A HOLDER

ACKNOWLEDGMENTS

I hereby authorize the City of New Orleans, Taxicab for Hire Vehicle Bureau to receive any criminal history, record, or information pertaining to me which may be in any national, state, or local criminal justice agencies in the United States of America, and understand that the Bureau reserves the right to deny this application based upon the misrepresentation, alteration, omission, incompleteness of material fact, or for any reason set forth in New Orleans City Code Sec 162-322. I agree to comply with all provisions and requirements of New Orleans City Code Chapter 162, should this application be approved. (Note: This authorization is valid for 365 days from the date of signature.)

Renewal applicants:

BEFORE ME, THE UNDERSIGNED AUTHORITY, THIS DAY PERSONALLY APPEARED _____, who, being by me first duly sworn, deposes and says that he/she is the holder of the aforesaid CPNC number(s), and that said Certificate of Public Necessity and Convenience (CPNC) is current and valid, and in accordance with New Orleans City Code Chapter 162. The CPNC holder further stipulates that all information contained in this application is accurate and true.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Sworn and subscribed before me this _____ day of _____ 20 _____ .

Signature of Notary Public _____ Name of Notary Public _____

Personally known _____ or Identification Produced _____

Type of Identification Produced _____

My Commission Expires _____

Initials: _____