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STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY

TAXICAB AUTHORITY

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Las Vegas Nevada 89119

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<http://taxi.nv.gov>

A TAXICAB COMPANY IS SEEKING THE GRANTING OF A PRIVILEGE AND THE BURDEN OF PROVIDING HIS QUALIFICATIONS TO RECEIVE SUCH A CERTIFICATE IS, AT ALL TIMES, ON THE APPLICANT. AN APPLICANT MUST ACCEPT ANY RISK OF ADVERSE PUBLIC NOTICE, EMBARRASSMENT, CRITICISM, OR OTHER ACTION, OR FINANCIAL LOSS WHICH MAY RESULT FROM ACTION WITH RESPECT TO AN APPLICATION, AND EXPRESSLY WAIVES ANY CLAIM FOR DAMAGES, AS A RESULT THEREOF.

After receipt of the application and investigation, the Taxicab Authority notifies interested and/or affected parties through the press by paid publication allowing approximately thirty (30) days for protests to be filed with the Taxicab Authority. Then a Public Hearing will be noticed and held by the Taxicab Authority.

The applicant will be responsible for the total cost of the Administrative process. The cost includes all transportation, food and lodging, plus an hourly charge for the time expended by the investigator or investigators assigned to the application. Before the investigation can begin, the applicant must provide a deposit of half of the estimated administrative process. An hourly expense will be charged for the time expended while the investigator(s) are engaged in the actual investigation process.

APPLICATION PROCESS FOR A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

Persons wishing to start a taxicab company within Clark County must make application to the State of Nevada Taxicab Authority.

This packet contains all the necessary information, instructions and forms the applicant will need. Sections of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC) Chapter 706 pertaining to the ownership and regulation of a taxicab company are available through Nevada Law Library. Specifically, Holders of Certificates of Public Convenience and Necessity requirements - NRS 706.8827.

After completing the application, the applicant(s) must return the original application, nine (9) copies of the application and all exhibits to the Taxicab Authority Office to be filed. The application must include a detailed Business Plan including information regarding a Dispatch system and a location for maintenance of your cabs. The filing fee is \$200.00. This is non-refundable.

Upon receipt of the application, an investigator or investigators will be assigned to complete a thorough background investigation of all information submitted on your application. The applicant will be responsible for the total cost of the Administrative process. Before the background investigation can begin, the applicant must provide a deposit of half of the estimated administrative process for the time expended while the investigator(s) are engaged in the actual investigation process. This is one half of the estimated cost of the investigation which is the investigator/investigators' hourly wage, all transportation, food and lodging. The applicant will be notified when the investigation is complete, at which time the second half of the cost for the background investigation will be due.

At the completion of the investigation and it is determined that all information is acceptable, the applicant will be notified. The Taxicab Authority will notify interested and/or affected parties through the press by paid publication allowing approximately thirty (30) days for protests to be filed with the Taxicab Authority. Then a Public Hearing will be noticed and held by the Taxicab Authority at which time the applicant will be scheduled to appear before the 5-member, Governor-appointed Board for a hearing.

This entire process can take anywhere from six months to one year.

The applicant must fill out and return all original forms with nine (9) copies. The forms required are:

- Appropriate application
- Personal History Record
- Applicant's Release of Information Form
- Applicant's Release of All Claims Form
- Financial Statement and Invested Capital Questionnaire
- Standard Bank Confirmation Form
- List of Stockholders and percent of stock held by each
- Article of Incorporation and Amendments
- (IF A CORPORATION: Certified copy of Article of Incorporation. If incorporated in state other than Nevada, Copy of Authority to do Business in Nevada)
- Copy of Corporation Financial Statement
- Letter from insurance agent verifying requested insurance can be secured and placed
- active, if approved
- Map of proposed area of operation
- Proposed rates or fares, driver rules and regulations
- Proposed time schedule
- Description of equipment to be operated in proposed service
- Certificate to operate under fictitious name
- Any other information or forms that the Taxicab Authority may require upon filing or during the investigation
- Projected proforma for first year
- Business Plan

The applicant should obtain and carefully study Nevada Administrative Code (NAC) Chapter 706.876 entitled Practices Before the Taxicab Authority. In this chapter, it sets forth the data necessary to be included in the application or attached as exhibits thereto. Submission of such data in the application does not relieve the applicant from presenting competent, relevant and admissible evidence and exhibits at the Hearing, under oath, to establish its fitness, willingness, and ability to perform service and to provide for public convenience and necessity, as required by NRS 706.881-885.

APPLICATION FEES FOR TAXICAB OWNERSHIP, REQUEST FOR TRANSFER OR SALE OF CERTIFICATE OR STOCK TRANSFER, REQUEST FOR RATE CHANGE, OR CHANGE IN ALLOCATIONS

1. \$200.00 Application Fee (Non-Refundable) for new application, transfer, or sale of certificate or stock.
2. Filing costs for Notice of Public Hearing in newspaper.
3. Applicant is responsible for obtaining a court reporter for Public Hearing, Pre-Hearing, etc. Reporter's fees vary.

APPLICANTS MUST PAY ONE-HALF OF THE ESTIMATED COST OF THE ADMINISTRATIVE PROCESS PRIOR TO THE AUTHORITY COMMENCING THE INVESTIGATION.

Applicant's Name _____

Street Address _____

City, State, Zip _____

Phone Number _____

Social Security Number _____

Cab Company Name _____

STANDARD BANK CONFIRMATION

Name of bank :

Address :

Postcode/City :

Name of client Separate :

form for each legal entity

Address :

Postcode/City :

Main account number :

Signature 2) :

Name of audit firm 3) :

Attn :

Address :

Postcode/City :

Standard bank confirmation of the position as at: - - **(day/month/year).**

1. Facilities

Credit facilities, collateral provided, as well as positive and negative confirmations, issued by you for our benefit or that of our group. Please also state the collateral provided for other legal entities forming part of our group.

2. Accounts

All accounts in our name held in your books, stating account name and number.

3. Authorised persons

Those persons who, in accordance with information we supplied to you, are authorised to enter into an agreement with you or grant you a discharge on our behalf, stating the nature and extent of their authority in this respect, including authority and specific agreements with respect to electronic and other funds transfers

4. Letters of credit

The amount represented by letters of credit/documentary credits you have issued in favour of third parties upon our instructions.

5. Guarantees

The guarantees you have issued for our account and risk in favour of third parties, detailing any claims submitted in this context.

6. Assets and securities deposited

Assets and securities deposited with you or appointed third parties in our name, stating any restrictions that may apply with respect to the availability of these deposits.

No deposits

Deposit statement sent directly to client

Deposit statement enclosed

7. Forward contracts and other derivatives

Details of forward contracts we concluded with you and of other derivatives concluded with you, such as SWAPS, foreign exchange and interest-rate options, future rate agreements, which have not been settled by the date stated above.

No contracts

Details sent directly to client

Details enclosed

8. Other information

Any additional comments relevant to this confirmation request.

[Redacted area for additional comments]

Please find enclosed the requested information. While we took the greatest possible care in completing this form, we accept no liability for the consequences of any inaccuracies or omissions. Any discrepancies with your own records should be reported to us as soon as possible. The information supplied only concerns the accounts held at the branch in

Place/date

Name / signature Bank

[Redacted area for Place/date]

[Redacted area for Name / signature Bank]

OATH OF SELLER

STATE OF)
) SS
COUNTY OF)

_____, being duly sworn, states that he files this application as SELLER; that, in such

(Name of Affiant)

capacity, he is qualified and authorized to file and verify such an application; that he has carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of his knowledge, information, and belief. Affiant further states that the application is made in good faith, with the intention of presenting evidence in support thereof in every particular.

(Signature of Affiant - Seller)

Subscribed and sworn to before me, a Notary Public in and for the State and County above named, this _____ day of _____.

Notary Public
(SEAL)

OATH OF PURCHASER

STATE OF)
) SS
COUNTY OF)

_____ being duly sworn, states that he files this application as PURCHASER; that in

(Name of Affiant)

such capacity, he is qualified and authorized to file and verify such an application; that he has carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of his knowledge, information, and belief. Affiant further states that the application is made in good faith, with the intention of presenting evidence in support thereof in every particular.

(Signature of Affiant - Purchaser)

Subscribed and sworn to before me, a Notary Public in and for the State and County above named, this _____ day of _____.

Notary Public
(SEAL)

BEFORE THE TAXICAB AUTHORITY, CLARK COUNTY, STATE OF NEVADA

(Original and 9 copies to be filed, together with exhibits)

No. _____

In the matter of the Application of)

)

)

DBA _____)

For authority to sell and transfer

APPLICATION

To sell and transfer

)

)

)

)

)

)

Name

DBA _____)

to purchase and acquire certain)

taxicab operating rights No. ____)

To the Honorable Taxicab Authority, Clark County, State of Nevada:

COME NOW _____

DBA _____

_____(Address) _____ Seller

and

DBA _____

_____(Address) _____ Buyer

Applicants in the above-entitled proceeding, and make this their application for authority to transfer by sale or merger, certain taxicab operating rights under No. _____, authorizing the transportation of _____ between _____ as shown by attached map, marked EXHIBIT "A", and respectfully show:

I.

A written agreement covering the sale of said No. _____ subject to the approval of the Taxicab Authority, Clark County, State of Nevada has heretofore been prepared by the parties and a copy thereof is attached hereto and made a part of said application, marked EXHIBIT "B".

II.

A list giving description of equipment to be operated is attached, marked EXHIBIT "C".

III.

A copy of personal history of purchaser is attached, marked EXHIBIT "D".

IV.

A copy of financial statement of purchaser is attached, marked EXHIBIT "E".

V.

Evidence that insurance can be secured by purchaser is attached, marked EXHIBIT "F".

VI.

Proposed rates or fares and time schedule is attached, marked EXHIBIT "G".

VII.

Certificate from county clerk to operate under fictitious name (if operations are so concluded) - or, if a corporation, a certified copy of Articles of Incorporation and a current list of officers - is attached, marked EXHIBIT "H".

WHEREFORE, applicants pray that an order be duly made and entered authorizing the assignment and transfer by _____ of that certain No. _____

_____ to _____, as herein petitioned.

Dated: _____, 201_

By _____

Seller

By _____

Purchaser

BEFORE THE TAXICAB AUTHORITY OF NEVADA

Type of Stock

In the matter of the Application of)
)
)
DBA _____)
For authority to sell and transfer

(Original and 9 copies to be filed,
together with exhibits)
No.

Joint Application for Sale and
Purchase of Stock

)
)
)
)
)
Name _____)
DBA _____)
to purchase and acquire certain)
taxicab operating rights No. ____)

To the Honorable Taxicab Authority, Clark County, State of Nevada:

COME NOW _____

DBA _____

_____ (Address) _____ Seller

and

DBA _____

_____ (Address) _____ Buyer

Applicants in the above-entitled proceeding, and make this their joint application for authority to sell
and purchase _____ shares of stock, representing of _____.
Type of Stock

the total stock issued in _____
Name of Corporation

I.

A written agreement covering the sale of said stock, subject to the approval of the Taxicab Authority of Nevada, has heretofore been prepared by the parties and a copy thereof is attached hereto and made a part of said application, marked EXHIBIT "A".

II.

Current and proposed lists of officers and directors and their addresses are attached hereto, marked EXHIBIT "B".

III.

A copy of Financial Statement of Purchaser is attached, marked EXHIBIT "C".

IV.

A copy of Personal History of Purchaser is attached, marked EXHIBIT "D".

V.

List of stockholders and percent of _____ stock held by each is attached, marked EXHIBIT "E".
Type of Stock

VI.

A copy of Articles of Incorporation, together with Amendments, is attached, marked EXHIBIT "F".

VII.

A copy of Corporation Financial Statement is attached, marked EXHIBIT "G".

WHEREFORE, applicants pray that an order by duly made and entered authorizing the assignment and transfer by _____ of _____ shares of _____ stock (____) to _____
Type of Stock

as herein petitioned.

Dated: _____, 201__

By _____
Seller

By _____
Purchaser

If applicable, name, address and phone number of attorney:

APPLICANT REQUEST TO RELEASE INFORMATION

TO: _____

FROM: _____
(APPLICANT)

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the State of Nevada Taxicab Authority, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the State of Nevada Taxicab Authority to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed agent of the State of Nevada Taxicab Authority be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
4. I do hereby make, constitute, and appoint any duly appointed agent of the State of Nevada Taxicab Authority my true and lawful attorney in fact for me in my name, place, and stead, and on my behalf and for my use and benefit:
 - (a) to request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally present.
 - (b) to name the person or entity to whom this request is presented and insert that person's name in the appropriate location of this request.
 - (c) To place the name of the Taxicab Authority agent presenting this request in the appropriate location on this request.
5. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this said power of attorney and the rights and powers herein granted.
6. This power of attorney ends three (3) months from the date of execution.
7. I have filed with the State of Nevada Taxicab Authority an "application" as that term is defined in General Order No.1, section 6.6. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice,

embarrassment, criticism, or other action of financial lose which may result from action with respect to this application.

- 8. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from any and all manner of actions, causes of action, suites, debts, judgments, executions, claims, and demands whatsoever, know or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.
- 9. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
- 10. A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.

In witness whereof, I have executed this request at _____ on this day of _____, 201_.
City, State

Subscribed and Sworn to before me this ___ day of _____.

Notary Public in and for the County of _____ State of _____.

Signature of State of Nevada Taxicab Authority Agent presenting this request for information _____

Dated this ___ day of _____.

Signature of Person Releasing Information _____ Date _____

INVESTED CAPITAL QUESTIONNAIRE
PERSONAL FINANCIAL STATEMENT

(To be filed in duplicate)

Name _____

Address _____

Date _____

Submitted in connection with application for Taxicab Certificate of Public Convenience and Necessity for: _____

Amount to be invested in the business: \$_____

Percentage of ownership the above will represent: _____

Do you anticipate, at this time, active participation in the management and operation of the taxicab company?

Yes No

Has your interest in this taxicab company been assigned or pledged or hypothecated to any person, firm or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in part or in whole? Yes ___ No ___. If answer is "yes", explain below:

Have you ever filed bankruptcy? Yes ___ No ___ If yes, furnish particulars on separate sheet.

Have you listed all your assets and liabilities on the attached schedules? Yes ___ No ___

Last Federal Income Tax Return was filed for year _____ at _____
City, State

If requested to produce your Federal Income Tax Returns, will you do so? Yes ___ No ___

List below the names and addresses of any persons, firms, or corporations which either have or will advance moneys to you to assist in financing your investment in this enterprise.

Name and Address	Relationship to Applicant	Amount of Loan
		\$ _____
		\$ _____
		\$ _____
		\$ _____

Explain, in detail, how the above will be secured, method of repayment and interest rates on any loans listed above.

Investment will be financed in the following manner: (Identify assets shown previously which will be used or converted for use as your investment in the taxicab company. Assets listed must equal or exceed amount shown as Item 1, previously of this questionnaire).

State of Nevada)
)SS.
County of)

_____ being duly sworn, depose and says that the above statements are true and correct to the best of his knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue or revocation for a Certificate of Public Convenience and Necessity. Further that he is voluntarily submitting this application with full knowledge that Nevada Revised Statutes 463.140 (5) provides "any person making false oath in any matter before the Taxicab Authority Board shall be guilty of perjury".

Subscribed and sworn to before me
the ____ day of _____ , ____

Notary Public in and for the County of
_____, State of _____

REMARKS

As of _____

STATEMENT OF ASSETS
(Describe fully. Indicate Assets pledged)
(If additional space is required, attach supporting schedules)

Current Assets

Cash on Hand.....	\$ _____
Cash in Safe Deposit Box (location of box).....	\$ _____
Cash in (name, bank and branch)..... Bank	\$ _____
Cash in (name, bank and branch)..... Bank	\$ _____
Accounts and Notes Receivable (Describe nature of receivable and when due)	

Other Current Assets

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Investments

Stocks, Bonds, etc. (Market Value). (If close-held corporation, furnish current Balance Sheet)

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Investments other than stocks and bonds

\$ _____
\$ _____
\$ _____

Fixed Assets

Real Estate (Give location, description and fair value of each parcel)

\$ _____
\$ _____
\$ _____
\$ _____

Other Assets

Automobile and other personal property

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

TOTAL ASSETS.....\$ _____

STATEMENT OF LIABILITIES

(Describe fully. Indicate secured liabilities)

(If additional space is required, attach supporting schedules)

Current Liabilities

Notes Payable (Name, Bank, Branch) _____ \$ _____
Due _____ How Secured, _____

Notes Payable (Name, Bank, Branch) _____ \$ _____
Due _____ How Secured, _____

Notes Payable (Name, Bank, Branch) _____ \$ _____
Due _____ How Secured, _____

Notes Payable (Name, Bank, Branch) _____ \$ _____
Due _____ How Secured, _____

Other Notes Payable (Indicate name, address and how secured)

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Accounts Payable..... \$ _____
Provision for current year's Federal Income Tax..... \$ _____
Liability for Federal Income Tax (Delinquent)..... \$ _____
Provisions for other current taxes..... \$ _____
Liability for other delinquent taxes..... \$ _____

Mortgage Payable (List each mortgage separately, how secured, and monthly payments due thereon)

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Other Liabilities

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

TOTAL LIABILITIES..... \$ _____
Continent Liabilities (Describe)

OATH OF APPLICANT

State of Nevada)
)SS.
County of)

I, _____, being duly sworn, depose and say that I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a Certificate of Public Convenience; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 463.140(5) provides "any person making false oath in any matter before the Taxicab Authority Board shall be guilty of perjury."; and, further, that I have familiarized myself with the contents of the Nevada State Taxicab Authority, as amended, and the Regulations of the Nevada State Taxicab Authority, as promulgated thereunder and agree, if licensed, to abide thereby.

I hereby expressly waive, release and forever discharge the State of Nevada Taxicab Authority Board and their agents from any and all manner of action and causes of action whatsoever which I, Nevada, the State Taxicab Authority, the State of Nevada Taxicab Authority Board and their agents, as a result of my applying for Certificate of Public Convenience in the State of Nevada.

Signature of Applicant

Subscribed and sworn to before me
the ____ day of _____, ____

Notary Public in and for the County of
_____, State of _____