



APPLICATION FOR TRANSFER OF FOR-HIRE LICENSE INSTRUCTION SHEET

Type or print neatly.

All questions must be answered completely. **Do not leave blanks; note N/A if not applicable. Also, note that no application or attachments shall be accepted after 30 days of being completed, signed, or notarized.**

- Signature of both the applicant and license holder must be notarized.
- Attach \$194.00 application fee, (Check or Money Order made payable to Board of County Commissioners). Included in the new application fee is a \$24.00 Florida Department of Law Enforcement (FDLE) criminal background check.
- Submit as attachment #1** a letter from the passenger service company, under which the for-hire license to be transferred will operate, authorizing the use of the approved color scheme.
- Submit as attachment #2** two (2) letters of credit reference, including at least one bank where an active account is maintained. In lieu of the second credit reference, the applicant may submit alternative written evidence of financial trustworthiness.

The bank credit reference must be on a bank's letterhead; be addressed to Director, Passenger Transportation Regulatory Division, CSD, 140 W. Flagler Street, Room 904, Miami, FL 33130, and stipulate how long the applicant has had the account, the type of account, and the applicant's credit worthiness. The letter shall be signed by an authorized bank representative.

The second credit reference shall be from either a company with which the applicant has maintained a business relationship for more than one year and is not affiliated with the applicant or a Credit Bureau report. The business reference shall be on a company letterhead addressed to Director, Passenger Transportation Regulatory Division, CSD, 140 W. Flagler Street, Room 904, Miami, FL 33130, stipulate how long the applicant has had the account, the type of account, and the applicant's credit worthiness. The letter shall be signed by the business owner.

- Submit as attachment #3** a copy of the written contract between the license holder and assignee, purchaser or transferee disclosing the terms and conditions of the proposed assignment, sale or transfer, including the amount of compensation which has been paid or is payable to the assignor, seller or transferor and any other consideration given or to be given to the assignor, seller or transferor in connection with the assignment, sale or transfer of the for-hire license.
- Submit as attachment #4** the existing for-hire license certificate or affidavit of lost certificate.
- Submit as attachment #5** proof that the applicant has the right to work in the United States. (This can be a US birth certificate, passport, or permanent resident card).
- Driver/Owners must complete sworn statement attached. Also, if applicant is purchasing a second For-Hire license he/she shall submit a statement indicating which for-hire vehicle he/she will be operating.
- Gift Transfers shall submit proof of relationship and Transfer Affidavit attached.
- Personal references listed on page three (3) part (b) of application must be from individuals residing in Miami-Dade County that have known the applicant for at least one (1) year. Addresses listed must be their home address.

FINGERPRINTS AND PHOTOGRAPH ARE REQUIRED FOR EACH APPLICANT

NOTICE: An applicant shall not be eligible for a for-hire license if he/she/it:

1. Has misrepresented or concealed a material fact on his, her or its application;
2. Is an alien who is not duly authorized to work by the immigration laws or the Attorney General of the United States;
3. Is a user of alcohol or drugs whose current use would constitute a direct threat to property or the safety of others;
4. Has pled nolo contendere, pled guilty, been found guilty or been convicted of a felony within the last five (5) years, regardless of whether adjudication has been withheld, unless his or her civil or residency rights have been restored;
5. Has pled nolo contendere, pled guilty, been found guilty or been convicted of any crime wherein a for-hire vehicle was employed whether or not adjudication has been withheld;
6. Has pled nolo contendere, pled guilty, been found guilty or been convicted of any felony, regardless of whether adjudication has been withheld, involving moral turpitude relating to sex, the use of a deadly weapon, homicide, trafficking in narcotics, violence against a law enforcement officer under §775.0823, Florida Statutes, or is a habitual violent felony offender under §775.084, Florida Statutes;
7. Has violated any condition, limitation, or restriction of a for-hire license imposed by the director or commission where the director deems the violation to be grounds for denial;
8. Was enjoined by a court of competent jurisdiction from engaging in the for-hire business or was enjoined by a court of competent jurisdiction with respect to any of the requirements of this chapter;
9. Has as a stockholder, officer, director, or partner of a corporation or partnership committed an act or omission which would be cause for denying a for-hire license to the officer, director, stockholder, or partner as an individual;
10. Failed to comply with the terms of a cease and desist order, notice to correct a violation or any other lawful order of the director;
11. Has failed to satisfy the residency and domicile requirements of this chapter;
12. Does not have a place of business located in Miami-Dade County, Florida;
13. Has any unsatisfied civil penalty or judgment pertaining to for-hire operations;
14. Has had a for-hire license issued by Miami-Dade County revoked;
15. Has within the last five (5) years pled nolo contendere, pled guilty, been found guilty or been convicted of any misdemeanor (regardless of whether adjudication is withheld) involving moral turpitude relating to sex; or
16. Has within the last ten (10) years pled nolo contendere, pled guilty, been found guilty or been convicted (regardless of whether adjudication is withheld) of any offense involving trafficking in narcotics. After said ten (10) year period, such person shall only be eligible if and when his or her civil or residency rights have been restored.

- Sale
- Gift
- Other

1 FOR-HIRE LICENSE TO BE TRANSFERRED: Date: _____
Taxicab License # _____

Name of Present License Holder _____
Address _____
City _____ State _____ Zip _____ Home Phone _____

2 APPLICANT INFORMATION

(A) APPLICANT IDENTIFICATION:

1. Full Name _____ Date of Birth _____
Residence Address _____
City _____ State _____ Zip _____ Home Phone _____
Fax No. _____ E-mail _____

How long have you lived at this address? _____
List any additional addresses where you have lived within the five years preceding the date of this application.

Residence Address _____
City _____ State _____ Zip _____ Home Phone _____
How long did you reside at this address? _____

Residence Address _____
City _____ State _____ Zip _____ Home Phone _____
How long did you reside at this address? _____

Residence Address _____
City _____ State _____ Zip _____ Home Phone _____
How long did you reside at this address? _____

2. DISCLOSURE - TO BE COMPLETED BY ALL APPLICANTS

List the name, residence address, date of birth, and telephone number for any person who has a legal, beneficial, financial or equitable interest in the for-hire license(s) to be transferred.

Financial Interest - An interest equated with money or its equivalent. Any person having a monetary interest in the license must be disclosed. Example: A person who owns shares in the license or any part of the license or is in the process of buying the license has a financial interest.

Beneficial Interest - Any person who derives a profit, benefit or advantage resulting from a contract with the license holder. This would include any person who benefits in some way through the license holder.

Legal Interest - This includes, among other things, an interest arising out of a contract. Any person who has entered into a contract relating to the purchase of the license (conditional sale) has a legal interest in the license.

Equitable Interest - This includes, among other things, a beneficiary in case of a license holders 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 _____ Date of Birth _____

CONSUMER SERVICES DEPARTMENT

Full Name _____ Type of Interest _____
Residence Address _____ City _____
State _____ Zip _____ Date of Birth _____

Full Name _____ Type of Interest _____
Residence Address _____ City _____
State _____ Zip _____ Date of Birth _____

Full Name _____ Type of Interest _____
Residence Address _____ City _____
State _____ Zip _____ Date of Birth _____

LIST ALL OTHER INDIVIDUALS WITH AN INTEREST ON A SEPARATE SHEET

3. IMMEDIATE FAMILY MEMBERS - TO BE COMPLETED BY ALL APPLICANTS

List the name, residence address, date of birth, and telephone number of the applicants immediate family members, defined in the Code as parents, spouse, children, grandchildren or court-appointed legal guardian.

Full Name _____ Date of Birth _____
Residence Address _____ City _____
State _____ Zip _____ Home Telephone _____
Relationship _____

Full Name _____ Date of Birth _____
Residence Address _____ City _____
State _____ Zip _____ Home Telephone _____
Relationship _____

Full Name _____ Date of Birth _____
Residence Address _____ City _____
State _____ Zip _____ Home Telephone _____
Relationship _____

Full Name _____ Date of Birth _____
Residence Address _____ City _____
State _____ Zip _____ Home Telephone _____
Relationship _____

Full Name _____ Date of Birth _____
Residence Address _____ City _____
State _____ Zip _____ Home Telephone _____
Relationship _____

Full Name _____ Date of Birth _____
Residence Address _____ City _____
State _____ Zip _____ Home Telephone _____
Relationship _____

LIST ALL OTHER IMMEDIATE FAMILY MEMBERS ON A SEPARATE SHEET

4. To be completed if transfer is the result of a sale (Applicant must present written contract for sale)

Applicant's Chauffeur Registration No. _____ Expiration Date _____
Companies authorized to drive for _____

CONSUMER SERVICES DEPARTMENT

140 W. FLAGLER STREET SUITE 903 MIAMI, FLORIDA 33130-1561 TEL (305) 375-1250 FAX (305) 372-6321

WWW.MIAMIDADE.GOV

5. To be completed if license is to be transferred as a gift. (Applicant must submit proof of relationship)
Applicant relationship to license holder _____

I/we certify as part of the application that I/we have signed that I/we am transferring FHL No. _____ as a gift (i.e. without consideration or exchange of monies) to _____.

6. Are you authorized to work in the United States by the immigration laws or the Attorney General of the United States?
NO [] YES []

7. Are you a user of drugs or alcohol?
NO [] YES []

8. Have you, as a stock holder, officer, director or partner of a corporation or partnership committed an act or omission which would be cause for denying a for-hire to the officer, director, stockholder or partner as an individual?
NO [] YES [] If yes, provide a written explanation for each occurrence. Include date(s) and circumstances

9. Do you owe money to Miami-Dade County, Florida, either individually or through any other business, as a result of any of the following:

- (i) unpaid civil penalties;
- (ii) unpaid administrative costs for a hearing;
- (iii) unpaid County investigative, enforcement, testing or Monitoring costs; or
- (iv) unpaid liens?

NO [] YES [] If yes, provide a written explanation for each occurrence.

(B) PERSONAL REFERENCES

List three (3) personal references residing in Miami-Dade County. (Home Residence Addresses)

Full Name _____
Residence Address _____ City _____
State _____ Zip _____ Home Telephone _____
Length of time known _____ Type of Relationship _____

Full Name _____
Residence Address _____ City _____
State _____ Zip _____ Home Telephone _____
Length of time known _____ Type of Relationship _____

Full Name _____
Residence Address _____ City _____
State _____ Zip _____ Home Telephone _____
Length of time known _____ Type of Relationship _____

CONSUMER SERVICES DEPARTMENT

140 W. FLAGLER STREET SUITE 903 MIAMI, FLORIDA 33130-1561 TEL (305) 375-1250 FAX (305) 372-6321

WWW.MIAMIDADE.GOV

(C) CRIMINAL HISTORY:

Have you pled nolo contendere, pled guilty, been found guilty, or been convicted of a crime within the five (5) years preceding the date of the application, regardless of whether adjudication has been withheld?

NO [] YES [] If yes, complete the following for each conviction:

NAME	CHARGE	DATE	COURT & LOCATION
------	--------	------	------------------

Have you pled nolo contendere, pled guilty, been found guilty, or been convicted of a felony within the last five (5) years preceding the date of the application, regardless of whether adjudication has been withheld?

NO [] YES [] If yes, complete the following for each conviction:

NAME	CHARGE	DATE	COURT & LOCATION
------	--------	------	------------------

Have you pled nolo contendere, pled guilty, been found guilty, or been convicted of any crime wherein a for-hire vehicle was employed whether or not adjudication has been withheld?

NO [] YES [] If yes, complete the following for each conviction:

NAME	CHARGE	DATE	COURT & LOCATION
------	--------	------	------------------

Have you pled nolo contendere, pled guilty, been found guilty, or been convicted of any felony, regardless of whether or not adjudication has been withheld, involving moral turpitude relating to sex, the use of a deadly weapon, homicide, trafficking in narcotics, violence against a law enforcement officer under §775.0823 Florida Statutes, or is a habitual violent felony offender under §775.084 Florida Statutes?

NO [] YES [] If yes, complete the following for each conviction:

NAME	CHARGE	DATE	COURT & LOCATION
------	--------	------	------------------

Have you within the last five (5) years pled nolo contendere, pled guilty, been found guilty or been convicted of any misdemeanor (regardless of whether adjudication has been withheld) involving moral turpitude relating to sex?

NO [] YES [] If yes, complete the following for each conviction:

NAME	CHARGE	DATE	COURT & LOCATION
------	--------	------	------------------

CONSUMER SERVICES DEPARTMENT

140 W. FLAGLER STREET SUITE 903 MIAMI, FLORIDA 33130-1561 TEL (305) 375-1250 FAX (305) 372-6321

WWW.MIAMIDADE.GOV

Have you within the last ten (10) years pled nolo contendere, pled guilty, been found guilty or been convicted (regardless of whether adjudication has been withheld) of any offense involving trafficking in narcotics?

NO [] YES [] If yes, complete the following for each conviction:

NAME	CHARGE	DATE	COURT & LOCATION

If yes, have your civil or residency rights been restored?
N/A [] NO [] YES [] (Provide documented proof)

(D) TRANSPORTATION EXPERIENCE

Are you now or have you within the last five (5) years been engaged in transportation business activities?

NO [] YES [] If yes, complete the following:
SERVICES PROVIDED:

Has your operating authority for these services ever been revoked or suspended by the licensing authority?

NO [] YES [] If yes, provide a written explanation for each occurrence. Include date(s) and circumstances

Has this business ever been in bankruptcy?

NO [] YES [] If yes, provide a written explanation for each occurrence. Include date(s) and circumstances

Have you violated any condition, limitation or restriction of a for-hire license imposed by the director or commission?

NO [] YES [] If yes, provide a written explanation for each occurrence. Include date(s) and circumstances

CONSUMER SERVICES DEPARTMENT

140 W. FLAGLER STREET SUITE 903 MIAMI, FLORIDA 33130-1561 TEL (305) 375-1250 FAX (305) 372-6321

WWW.MIAMIDADE.GOV

Have you failed to comply with the terms of a cease and desist order, notice to correct a violation or any other lawful order of the director?

NO [] YES [] If yes, provide a written explanation for each occurrence. Include date(s) and circumstances

Do you have any unsatisfied civil penalty or civil judgment pertaining to for-hire operations?

NO [] YES [] If yes, complete the following for each unsatisfied civil penalty or judgment:

NAME	CHARGE	DATE	COURT & LOCATION
------	--------	------	------------------

Have you ever been enjoined by a court of competent jurisdiction from engaging in the for-hire business or enjoined by a court of competent jurisdiction with respect to any of the requirements of Chapter 31 of the Code of Miami-Dade County?

NO [] YES [] If yes, complete the following for each occurrence:

NAME	CHARGE	DATE	COURT & LOCATION
------	--------	------	------------------

Do you currently hold a Miami-Dade County for-hire license?

NO [] YES [] If yes, list each for-hire license number.

Do you currently have **any** interest (legal, equitable or beneficial, financial, shareholder, ownership or otherwise) in a Miami-Dade County for-hire taxicab license?

NO [] YES [] If yes, list each Miami-Dade County for-hire taxicab license and describe the type of interest.

Have you had a for-hire license issued by Miami-Dade County revoked?

NO [] YES [] If yes, provide a written explanation for each occurrence. Include date(s) and circumstances

CONSUMER SERVICES DEPARTMENT

140 W. FLAGLER STREET SUITE 903 MIAMI, FLORIDA 33130-1561 TEL (305) 375-1250 FAX (305) 372-6321

WWW.MIAMIDADE.GOV

(E) Only to be completed by Owner/Drivers:

Sections 31-82(r)(3) and 31-82(r)(4) require a transferee / owner to drive the taxicab authorized by the applicable for-hire license **one (1) out of two (2) shifts per day on an average of five (5) days per week**. Failure to comply with these requirements shall subject said for-hire license to suspension or revocation.

In accordance with Code requirements the for-hire license holder will operate the taxicab authorized thereby during the following shift:

If applying for a second taxicab for-hire license please specify which for-hire vehicle to be operated.
For-hire license number: _____

Mon	Tue	Wed	Thu	Fri	Sat	Sun
From:____ to: ____	from:____ to: ____	from:____ to: ____	from:____ to: ____	from:____ to: ____	from:____ to: ____	from:____ to: ____

A permit holder desiring to modify his or her driving shift (days or hours of driving) for a period longer than thirty (30) days must provide written notice to CSD of such changes.

(F) PROPOSED VEHICLE EXTERIOR MARKINGS:

Passenger service company or business trade name _____
Telephone No. _____ Color scheme _____
Other markings _____

If the color scheme proposed above is assigned to an existing passenger service company, submit a letter from that company authorizing the use thereof.

(G) DESCRIPTION OF PROPOSED VEHICLE:

Year _____ Make _____ Model _____ Sedan Mini Van Station Wagon
Seating Capacity ____ Vehicle Owner (as it appears on the registration) _____

(H) APPLICANT CERTIFICATION

BEFORE ME, THE UNDERSIGNED AUTHORITY, THIS DAY PERSONALLY APPEARED _____, who, being by me first duly sworn, deposes and says, that he/she is the applicant in the foregoing application; that the statements made herein and attached hereto are true and correct; grants authority to Miami-Dade County to verify the information contained herein; understands that Miami-Dade County reserves the right to deny this application based upon the misrepresentation, alteration, omission, incompleteness of material fact, or for any of the reasons set forth in Section 31-82 (d) of the Code of Miami-Dade County; agrees to comply with all provisions and requirements of Chapter 31 of the Code, should this application be approved; understands that any license that may be issued will be subject to any and all future modifications of the Code; and further certifies that said application for transfer is to acquire For-Hire License No. _____ presently held by _____.

Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

Print, Type, or Stamp Commission

Signature of Notary Public

Name of Notary Public

Personally Known ____ OR Produced Identification ____ My Commission Expires:

Type of Identification Produced _____

CONSUMER SERVICES DEPARTMENT

140 W. FLAGLER STREET SUITE 903 MIAMI, FLORIDA 33130-1561 TEL (305) 375-1250 FAX (305) 372-6321

WWW.MIAMIDADE.GOV

(I) LICENSE HOLDER CERTIFICATION

(Individual or Corporation)

BEFORE ME, THE UNDERSIGNED AUTHORITY, THIS DAY PERSONALLY APPEARED _____, who, being by me first duly sworn, deposes and says, that he/she is the _____ of _____, the holder of Miami-Dade County For-Hire License No. _____, and that said license is current and valid, and in accordance with Chapter 31 of the Code of Miami-Dade County, does request Miami-Dade County to transfer said licenses to _____ listed on this application as the applicant, and further stipulates that when the license transfer is approved by Miami-Dade County to relinquish all rights to such license to the applicant and that all statements in Section 4 for this application are true.

Signature of License Holder (s)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

Print, Type, or Stamp Commission

Signature of Notary Public

Name of Notary Public

Personally Known _____ OR Produced Identification _____ My Commission Expires:

Type of Identification Produced _____

CONSUMER SERVICES DEPARTMENT

140 W. FLAGLER STREET SUITE 903 MIAMI, FLORIDA 33130-1561 TEL (305) 375-1250 FAX (305) 372-6321

WWW.MIAMIDADE.GOV