CITY OF SAN MARCOS

APPLICATION FOR CERTIFICATE TO OPERATE A LIMOUSINE SERVICE

Under Section 90.052. Application for Certificate, of Chapter 90 entitled 'Vehicles For Hire" of the San Marcos City Code of Ordinances, please furnish the following information:

1. The name and address of the applicant.

Luxury Limo Express 512-430-4444 P. D. Box 2511 San Marcos, TX 28667

2. Describe the financial status of the applicant, including the amounts of all unpaid judgments against each applicant and the nature of the transaction or acts giving rise to the judgments.

Own 1 2014 Mercedes- ben Sprinter 12-Passanger Van no judgments

(If additional space is needed, you may attach additional information)

APPLICATION FOR CERTIFICATE

Page 2

- 3. If the applicant is a partnership, the information in items 1 and 2 of this application shall be supplied for each partner.
- 4. If the applicant is a corporation, state the name and place of residence of all of the officers of such corporation, attach a duty certified copy of its charter and bylaws, state the amount of capital stock, the character and value of its assets, its liabilities and the security therefore, and if the corporation is a foreign corporation, attach a duly certified copy of its certificate of authority to transact business in the State of Texas.

5. Describe the experience of the applicant in the transportation of passengers.

1. Blacklane Driver for Gyrars, limo, airport pickups. 2. Uber driver in Austin For the past Smonths, part-time. 3. Taxi driver for yellow cap in Milwauke, wit for 3yras.

APPLICATION FOR CERTIFICATE

Page 3

6. The type of limousine service (luxury or airport or both) for which the certificate is sought. For an airport limousine service also provide a description of each fixed route and all passenger pickup and discharge locations proposed for use.

Both luxury and airport. Pickups shall be at the San Murces Airport and Austin-Bergstorm airport in desingnated loctations, to locations in San Marcas. Routs will be IH35 and Tollways 45 and 130.

7. State the name, usual trade description, seating capacity, equipment, motor number, state license number, rated horsepower and factory number of each motor vehicle to be operated or controlled by applicant, and the year in which each automobile was manufactured.

1-2014 Marcedes-Benz Sprinter, scating capacity is 12, Teres plate number FXH6063, 161Horsepourd.

APPLICATION FOR CERTIFICATE

PAGE 4

8. State the name and address of the person who will be in active charge and control of the limousine business.

Elton Zeneli P.O. BOX 2511 San Marcos, TX 78667 512-430-4444

 Sec. 90.055 of the San Marcos City Code requires the applicant to file with the City Secretary a certificate of insurance verifying the following levels of coverage:

Bodily injury per person	\$100,000
Bodily injury per occurrence	\$300,000
Property damage per occurrence	\$100,000

The company affording the coverage must be authorized to do business in the State

of Texas.

The applicant, in submitting this application, verifies under oath that all information contained in it is true and correct, and if the applicant is a partnership or corporation, the submission of the application is a duly authorized act of the partnership or corporation.

Et C

Signature of Applicant or Applicant's Representative Elton Zeneli

Typed or printed name Dwner Title

APPLICATION FOR CERTIFICATE Page 5

STATE OF TEXAS

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COUNTY OF HAYS

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned authority, this day of JUNE, 2015, by ELTON ZENEL1.

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Notary Public, in and for the State of Texas



CITY OF SAN MARCOS

CHAPTER 90 "VEHICLES FOR HIRE" SAN MARCOS CITY CODE

APPLICATION FOR CHAUFFER PERMITS

1. Nar	ne of company: Luxury Limo Express
2. a.	Name of Driver: <u>Elton Zeneli</u> Address of Driver: <u>112 Engle kyle, tx 78640</u>
	Drivers License Number: 2540200763 Phone Number of Driver: $512-430-44444$
b.	Name of Driver:Address of Driver:
	Drivers License Number: Phone Number of Driver:
c.	Name of Driver:Address of Driver:
	Drivers License Number: Phone Number of Driver:
d.	Name of Driver:Address of Driver:
	Drivers License Number: Phone Number of Driver:
3. Date	e of Application:O(03/2015

The undersigned verified under oath that all information provided is true and correct and that there is currently an insurance policy in effect covering the above driver/drivers.

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(NAME OF LIMOUSINE SERVICE COMPANY) By: _______ Owner of Limousine Service Company _______ <u>*Elfon*</u> Zerver Printed or typed name

STATE OF TEXAS

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COUNTY OF HAYS

3^{PD} SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned authority, this day of ______, 2 015, by ______.

Moreno

Notary Public, in and for the State of Texas

