

Vail Passenger Transportation Permits



Application

Contact Information

Company Name	
Company Owner's Name	
Company Contact	
Mailing Address	
Work Phone	
Fax Number	
E-Mail Address	
Website URL	

Vehicle Information

List vehicle info for each shuttle bus, van, taxi, limousine or courtesy car. If applying for more than 5 permits, please provide additional vehicle information using "**Additional Vehicles Form**" (attached).

1	Year:	License State:	Seat capacity:
	Make:	License Year:	Official use only: Permit # assigned:
	Model:	License Plate:	
	Color:		
	VIN:		

2	Year:	License State:	Seat capacity:
	Make:	License Year:	Official use only: Permit # assigned:
	Model:	License Plate:	
	Color:		
	VIN:		

3	Year:	License State:	Seat capacity:
	Make:	License Year:	Official use only: Permit # assigned:
	Model:	License Plate:	
	Color:		
	VIN:		

4	Year:	License State:	Seat capacity:
	Make:	License Year:	Official use only: Permit # assigned:
	Model:	License Plate:	
	Color:		
	VIN:		

5	Year:	License State:	Seat capacity:
	Make:	License Year:	Official use only: Permit # assigned:
	Model:	License Plate:	
	Color:		
	VIN:		

Permits are individually numbered and assigned to individual vehicles and plates. Permits must be attached to the front windshield, lower right passenger side and visible to the public.	<p>Number of vehicles registered: _____ @ \$35 each per vehicle per transportation year for a total of</p> <p><i>Transportation Year is defined as : November 1 – October 31 of the following year.</i></p>
--	---

- Documents required to process permit application:**
- 1) Proof of current authorization by or registration with the Colorado Public Utilities Commission (PUC) or the federal government and copies of such authorizations, registrations and tariffs issued to the Commercial Operator by those agencies.
 - 2) Certificates of insurance, evidencing that the insurance is in full force and effect during the term of operating privilege, with the following coverages and with the Town of Vail named as an additional insured:
 - ✓ Comprehensive general liability insurance policy with limits of not less than \$150,000 for any one person injured in any one accident and \$600,000 for injury to two or more persons in a single occurrence.
 - ✓ Auto insurance in such minimum amounts as required by the Colorado PUC.
 - ✓ Workers compensation insurance coverages required by statute.
 - 3) Vehicle Information on a separate sheet of paper if registering more than 10 vehicles.

Indemnity Agreement

By registering with the Town, each Commercial Operator agrees to indemnify, defend and save the Town and its respective agents, officers, representatives and employees harmless from and against any and all judgments, penalties, liability or loss, including costs and reasonable attorney fees resulting from claims or court actions, whether civil, criminal or in equity, arising directly or indirectly out of acts of the Commercial Operator, Permittee, its agents, employees or servants, or through any injury or casualty occurring in the Town as a result of said loss.

Signature of Authorized Representative:	
Printed Name of Authorized Representative:	
Company Name:	
Date:	

Acknowledgement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am issued a **Vail Passenger Transportation Permit**, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate cancelation of permits issued. Furthermore, I acknowledge that I have received a copy of the **Town of Vail Passenger Transportation Ordinance** and that I have read, understand and agree to abide by the regulations set forth in said ordinance. Additionally, I agree to ensure that each of this company's driver's reads and abides by said regulations.

Signature:	
Name (printed):	
Date:	

For Vail Police Administration Use Only

Approved for Nov 1, 2021 – Oct 31, 2022	Denied for Nov 1, 2021– Oct 31, 2022
Approved by: _____ Signature, Vail Police Representative	Denied by: _____ Signature, Vail Police Representative
_____ Print Name	_____ Print Name/Date
_____ Date	_____ Reason
