

CITY OF GALENA, ILLINOIS

101 Green Street, Galena, Illinois 61036



TRANSPORTATION NETWORK COMPANY (TNC) LICENSE APPLICATION

GENERAL INFORMATION

1. Chapter 120.09 of the City of Galena Code of Ordinances.
2. A **Transportation Network Company (TNC) license** must be obtained by a TNC company offering compensated pre-arranged transportation services that connects passengers with drivers of vehicles for hire using an Internet-enabled application or digital platform.
3. Applications must be submitted with all required documents to City of Galena, City Clerk, 101 Green Street, Galena, Illinois 61036 or mhyde@cityofgalena.org.
4. A license application will be reviewed once all completed documents have been received. Only applications submitted by applicants that have paid or resolved outstanding debt owed to the City of Galena will be reviewed. Please keep a copy of all documents submitted to the City of Galena.

THE FOLLOWING ARE ALL REQUIRED DOCUMENTS THAT MUST BE SUBMITTED WITH THIS TNC APPLICATION:

1. **For Individuals** --The individual's full name, social security number, residence address, business, business e-mail address and business telephone number, and proof that the applicant is at least 19 years of age.
2. **For Corporations** – The corporate name, business address and telephone number of the applicant, the date and state of incorporation, the full names, titles, residence addresses, e-mail addresses and telephone numbers of its corporate officers, and of its authorized agent, proof that all corporate officers are at least 19 years of age, and proof that the corporation is in good standing under the laws of the State of Illinois and the City of Galena.
3. **For LLCs and Partnerships**– The name, business address or principal office address and telephone number of the applicant, the full names, residence addresses, e-mail addresses and telephone numbers of (a) the three members who own the highest percentage interests in such partnership or limited liability company, (b) the general partner of a partnership, (c) the managing member of a limited liability company, (d) the applicant's authorized agent, and (e) any other member who owns a 25 percent or more interest therein; the full name, addresses, e-mail address and telephone number of a person authorized to receive notices issued pursuant to the ordinance, and proof that all persons, partners, managers, managing members and members, as applicable, are at least 19 years of age.
4. Submit proof of required City of Galena insurance coverage for TNC licensees pursuant to Chapter 120.11.
5. A color photo or rendition of the TNC applicant's proposed driver identification card, including size dimensions.
6. Color graphic illustration or "screen shots" of how applicant's digital platform displays for consumers/passengers: (a) the identification card of the transportation network driver; (b) a picture of the transportation network vehicle the driver is approved to use, including the license plate number of the vehicle, and the make, model and year of the vehicle; (c) the service center number the passenger may use to report

complaints; (d) whether smoking is permitted in the vehicle; and (e) an opt-out button/option from being rated by drivers if the digital platform allows drivers to rate their passengers.

7. Color graphic illustration or “screen shots” of how applicant’s digital platform displays for consumers/passengers: (a) a button for passengers to request a fare quote displayed on the passenger’s smart phone application before the start of each ride (the fare quote button must be the same size as the button confirming/authorizing the ride); (b) during elevated pricing periods, sample notice of the time frame of the surge pricing period is displayed for passenger notice; (c) how the surge pricing quote is displayed in a dollar amount fare estimate (not a multiplier); and the size of the buttons that passenger must click on to authorize the surge price fare quote; and (d) size of button that allows passenger to opt out or decline the transportation request based on the fare quote.

8. List of the full legal name, driver’s license number and address of all drivers registered with the applicant.

9. List of transportation network vehicles registered with the applicant. List must itemize the license plate number, registered owner, vehicle identification numbers with a document attesting that each such vehicle meets the inspection and vehicle standard requirements provided in the ordinance (as stated below).

10. List of the wheelchair-accessible transportation network vehicles registered with the applicant.

11. Proof of place of business (acceptable records are property lease agreement, property tax record, or utility bill). Note: The Galena Code of Ordinances defines *place of business* as a location: where the City may send, and the licensee shall accept, notices of hearing or other notices from the city and the licensee maintains its business and financial records relating to its license.

12. The following lists **additional** requirements and documentation that must be submitted with the application:

- Annual License Fee of \$500.00 to be paid before license is issued.
- Documentation related to TNC:

Driver History, Background Check, Drug Testing, and Zero-Tolerance Policy. Applicant must submit written driver history, background check, drug testing processes and zero-tolerance policy materials to the City of Galena for approval to ensure that all affiliated drivers qualify and meet ordinance requirements.

Vehicle Inspections. Applicant must submit written vehicle inspection processes for approval that ensure that all affiliated vehicles are inspected according to ordinance standards and shall ensure that documentation of such inspection in vehicle at all times.

TRANSPORTATION NETWORK COMPANY LICENSE APPLICATION

1. Name of TNC License Applicant Company:

2. Principal Place of Business Street Address (City/State/Zip Code)

3. Web site address: _____

4. Email Address: _____

5. Business Telephone Number: () _____

6. Business Fax Number: () _____

7. State of Illinois Corporate/LCC File #: _____

9. Registered Agent Information:

a. Name: _____

b. Company: _____

c. Address: _____

d. Contact Phone Number: () _____

e. Email Address: _____

COMPANY OFFICER AND OWNER INFORMATION

10. Attach a list of **all** company officers, members, shareholders owning more than 25%, owners, or partners which includes responses to all the following information:

- a. Individual Full Legal Name
- b. Title(s) Held
- c. Percentage of Ownership
- d. Home Street Address/City/State/Zip e. Contact / Business Email Address
- e. Primary Contact Phone Number
- f. Date of Birth

LICENSING AND CRIMINAL HISTORY

11. Has the applicant company, its owners, members, directors, partners, or officers ever had an ownership interest in any State of Illinois or City of Galena license that has been suspended or revoked? (Yes or No):

If yes, list the license holder name, license type, the date and the reason of suspension or revocation:

12. Has the applicant company, its owners, members, directors, partners, or officers ever been convicted of a crime, in custody, under parole or under any other non-custodial supervision resulting from a conviction from a felony within the last ten (10) years? (Yes or No): _____

If yes, list the Defendant's name, type of offense, date, city, and state of conviction:

13. Are there any pending charges against the applicant company, its owners, members, directors, partners, or officers? (Yes or No): _____

If yes, list the Defendant's name, type of offense, next court date, and court city, county and state:

NAME OF PERSON COMPLETING, SIGNING, AND ATTESTING APPLICATION

I, _____
(First-Middle-Last Name), am applying to obtain a TNC license on behalf of a company registered and authorized to do business in Illinois. I am authorized by the TNP license applicant to complete, sign, and submit this application as a principal owner or shareholder with more than 25% interest in the applicant company; as a principal officer (President or CEO); or as a principal LLC member.

a. List your title or relationship with TNC license applicant company: _____

b. Mailing Street Address (City/State/Zip Code): _____

c. Primary Contact Phone Number: () _____

d. Email Address: _____

e. Driver's License Number: _____

f. List the name of the State that issued the above Driver's License: _____

- I affirm that the applicant company meets all the requirements listed in the City of Galena ordinances to qualify for a TNC License. I understand that applicant company principals must submit to a fingerprint background check at an agency approved by the City of Galena. I further understand that applicant is responsible for any expenses associated with the background check whether applicant is approved for a license or not. I understand that applicant’s principals will be photographed by the City of Galena or must submit photographs as part of the licensing process.
- I understand that Applicant Company is responsible for securing and maintaining the required insurance associated with a TNC license.
- I understand that Applicant Company shall not own, provide financing for obtaining, leasing, or ownership of, or have a beneficial interest in affiliated transportation network vehicles.
- I understand that the applicant company affiliated vehicles must meet TNC license and inspection requirements.
- I understand that the applicant company affiliated drivers must meet TNC license, training, and background check requirements.
- I understand that the applicant company has an affirmative duty to keep accurate records, reports, and books and to timely respond to requests from the City of Galena for records, reports, and books.
- I affirm that all the statements made and given on this form and any accompanying documents are true and correct. I understand that any misstatements, inaccuracies and/or omissions made on this form or any accompanying documents (whether intentional or unintentional) will result in the denial or rescission of this application or any license obtained through this application.
- I hereby give authorized consent to the City of Galena to obtain the criminal and background history records of the principals of the applicant company.

Under penalties as provided by law, I certify that the above statements are true and correct.

Signature: _____

Print Name: _____

Date: _____

Subscribed and sworn before me this _____ day of _____, 20 ____.

Notary Public (SEAL)

FOR OFFICE USE ONLY:

Date application received: _____ Received By: _____

License fee attached: YES / NO City Council review date: _____