

Metro Transportation Licensing Commission

Application to Operate a

Booting Service

The making of any false statement in this application may subject the offender to the penalty prescribed by the law. Detection of such false statements may result in the refusal of certificate or, if previously granted, in revocation of the certificate.

The applicant must properly and legibly complete the following application and all questions must be answered and attested to by the applicant.

I (we) hereby make application to operate a booting service in Metropolitan Nashville-Davidson County.

1. Name of Company _____
2. Address _____
(Mailing address, if different) _____
3. Telephone _____ Fax _____
4. E-Mail _____ Web site www. _____
5. Type of Company (solely-owned, partnership, or corporation/association) _____
6. List Name(s) and Address(es), and Dates of Birth of all Owners or Partners (Provide proof of U.S. citizenship or legal residency authorized by the United States Immigration and Naturalization Service)

7. List Name(s) and duties of executive officer(s) of the company.

8. Attach a description of any experience of the applications have with respect to booting services.
9. Describe the boots and any vehicles that will be used; including make, model year of manufacture, Tennessee license number, and length of time the equipment has been in-use. Also include any color schemes to be utilized by the company.

10. List the location and description of the place and premises from which the applicant intends to operate the booting service. _____
11. List names, addresses and telephone numbers of two references for the applicant's financial responsibility.

12. Attach a list of all employees to be used or employed by the company; including names, addresses, telephone numbers, and ages. Will the applicant provide an updated list of employees, including part-time and emergency employees to the commission no later than the first of each month? Yes No
13. Attach evidence from an authorized insurance company indicating adequate liability insurance held by the applicant equaling the amount required by the metropolitan government. Will this company maintain in full force and effect such policies of insurance as are required by law? Yes No
14. Is this company registered with the State of Tennessee? Yes No If not, why? _____
15. Are you familiar with Metro and Tennessee laws regarding booting? Yes No
16. Will this company follow the equal employment laws and comply with applicable wage and hour regulations as well as the ADA Act? Yes No
17. Will this company comply with all ordinances, rules and regulations as set forth by Metropolitan government, the state of Tennessee, the United States, and the rules and regulations of the metropolitan transportation licensing commission; including local laws regarding operations, notifications, rates, charges and fees? Yes No
18. Attach copies of the warning notice, receipt form, and employee identification badge which will be used by the booting service

I, _____, as the owner/lessee/bailee of the booting company making this application, do solemnly swear (or affirm) that the information filed as a part of this application is true and correct to the best of my knowledge and belief. I also affirm that I am of good moral character and am ready, willing and able to comply with all laws of Metropolitan government, the State of Tennessee, the United States as well as the rules and regulations the Commission including all mandatory rates and charges regarding booting. I understand that making a false statement in this application shall result in the forfeiture of the license, and render me ineligible to receive or hold a license or permit from the Commission for a period of ten years.

Signature of Applicant

A fee of \$500 must accompany this application at the time of filing

**County of Davidson
State of Tennessee**

Sworn to me and subscribed
Before me, this _____ day
of _____, 20_____

Notary Public

My Commission expires

**Metropolitan Transportation Licensing Commission
939 Dr. Richard G. Adams Dr.
Nashville, TN 37207-4737**

For Official Use Only		
Date received: _____	By: _____	Fee: _____