



CITY OF LONG BEACH

LONG BEACH AIRPORT

4100 Donald Douglas Drive Long Beach, CA 90808 (562) 570-2629 FAX (562) 570-2692

APPLICATION INSTRUCTIONS

The following items must be properly completed and submitted to apply for a License Agreement. The Permit process may take up to 4-6 weeks to complete once all documents are properly submitted.

- (1) Complete the application in its entirety, and pay a non-refundable \$120 application fee (payable in cash or by check made out to the City of Long Beach)*.
- (2) Attach a copy of Public Utilities Commission (PUC) Certificate*.
- (3) Attach a copy of Business Registration (for example, Business License or Tax Certificate from city of business operation).
- (4) Attach a copy of:
 - a. Fictitious Business Name Statement (DBAs)
For DBAs, provide a copy of the Fictitious Business Name Statement.
 - b. Corporate Documentation (Inc or LLC)
A Corporation, Limited Liability Company or Limited Partnership must be registered and have an approved status with the California Secretary of State. Provide a copy of the legal entity's Articles of Incorporation or Articles of Organization for a Limited Liability Company or Limited Partnership, as applicable.
- (5) Attach a copy of Fares and Charges.
- (6) Attach a copy of your vehicle(s) registration.
- (7) Attach your Certificate of Liability insurance, Vehicle Schedule, & Additional Insured Endorsement provided by your auto insurance broker*.

Note (1): The ADDITIONAL INSURED ENDORSEMENT required by the City of Long Beach must explicitly state, "**City of Long Beach, its agents, officials, and employees are named as additional insured as respects their interest in the operation of the named insured.**"

Note (2): The INSURANCE CANCELLATION PROVISION found on the certificate of liability insurance should explicitly state, "**Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail 30 days written notice to certificate holder.**"

***NOTE: The legal business name and operating name must be consistent on ALL documents submitted.**

- (8) Return all items together, as specified in Steps 1-7 above, to:

Long Beach Airport
4100 Donald Douglas Drive
Long Beach, CA 90808
ATTN: Ground Transportation

If you have any additional questions, please call the Ground Transportation Department at
(562) 570-2629

**LONG BEACH AIRPORT
APPLICATION FOR LICENSE AGREEMENT
TO CONDUCT A GROUND TRANSPORTATION
SERVICE FROM THE AIRPORT
(Application shall be typed or printed)**

For office use only:			
Payment Type:	Cash MO Check		
	No		
Amount:		Initials:	

Please check ONE: New application Reinstatement application

The undersigned holder of a Charter Party Carrier of Passenger certificate and/or Passenger Stage Corporation, issued by the Public Utilities Commission to conduct shuttle van/bus transportation service, hereby applies to the City of Long Beach, Long Beach Airport, for a License Agreement allowing access to the premises of the Long Beach Airport and provides the following information:

1. Company Name: _____

2. Name of Applicant: _____
First
Last
(please print)

3. Applicant is:
 Individual
 Partnership – If Partnership, names of all partners-

Corporation – If Corporation, name(s) of corporation officer(s) who is authorized to sign contracts:

4. Address: _____

5. Telephone:(____)_____ 6. FAX:(____)_____

7. E-mail: _____

8. Vehicles to be operated (please check applicable):
Vans/Buses Limousines/Luxury Sedans
 (Attach additional page, if needed)

Make	License Number	Make	License No.
Make	License Number	Make	License No.

9. Business License Number: _____ Expires: _____
 City of Issuance: _____
(attach a copy of current City Business License)

10. Public Utilities Commission Certificate to Operate as a Charter-Party Carrier of Passengers (TCP) and/or Passenger Stage Corporation (PSC). **(Attach a copy of current PUC Certificate.)**

TCP No. _____ Expiration Date: _____
 PSC No. _____ Expiration Date: _____

11. Federal Tax Identification No.: _____

12. Attach a copy of Fares & Charges: Attached

13. Certificate of Insurance requires an endorsement adding, "the City of Long Beach, it's officials employees and agents as additionally insured" as well as the vehicle schedule.

14. Attach a copy of each Vehicle Registration: Attached

15. The following information is required for Federal statistical reports. It will not affect consideration of your application, and will be kept confidential.

Composition of Ownership (more than 50% of ownership of the organization)

a. Ethnic Category (check one)

- American Indian or Alaskan Native
- Asian or Pacific Islander: Descendant of the peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian sub-continent. This area includes, for example, China, Japan, Korea, Samoa, and the Philippine Islands.
- Black
- Hispanic: Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture, regardless of race
- Other non-white Please Specify:
- Caucasian

b. Non-ethnic factors of ownership (check all applicable, one check per column)

- | | | | | |
|---------------------------------|---|------------------------------|------------------------------------|--------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Physically Handicapped | Yes <input type="checkbox"/> | <input type="checkbox"/> Under 65 | <input type="checkbox"/> |
| <input type="checkbox"/> Female | | No <input type="checkbox"/> | <input type="checkbox"/> 65 & Over | <input type="checkbox"/> |

Has firm previously been certified as a minority-owned and/or woman-owned business enterprise by any other agency?

Yes No

Name of Certifying Agency:

16. Names of officers, owners or partners: Percentage of ownership

Identify individuals who operate the above named company: Title

Signature of person authorized to sign this application: Date:

Name and title of person signing (*print or type*)

Return application, **non-refundable \$120 application fee** (payable in cash or by check made out to the City of Long Beach) and all application documents (see instructions) to:

**Long Beach Airport
4100 Donald Douglas Drive
Long Beach, CA 90808**

Rev. 05/17



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/30/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AGENCY NAME 123 MAIN ST BURBANK CA 91502	CONTACT NAME: AGENT NAME
	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED INSURED NAME 123 MAIN ST BURBANK CA 91502	INSURER(S) AFFORDING COVERAGE
	INSURER A: INSURANCE COMPANY NAME NAIC # 12345
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		POLICY NUMBER	01/30/2015	01/30/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is Also an Additional Insured

CERTIFICATE HOLDER CANCELLATION

City of Long Beach, its Officials, Employees and Agents 4100 Donald Douglas Drive Long Beach, CA 90808	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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SAMPLE

AGENCY CUSTOMER ID: _____



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM			
		MODEL:	V.I.N.:	PP	SPEC	COML						
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
									\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB	MED PAY		FT	COMP / OTC	FG	AA	ST AMT	\$	
FARM	SERVICE		NO-FAULT	UNINS MOTOR		FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$				

SAMPLE

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

City of Long Beach, its Officials, Employees and Agents
4100 Donald Douglas Drive
Long Beach, CA 90808

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

Fares & Charges for: _____

City	Fare from Long Beach Airport	Other Charges
Anaheim		
Costa Mesa		
Glendale		
Los Angeles		
Santa Monica		
Torrance		

SAMPLE