



City of Black Hawk 2016 Shuttle Registration Form

City of Black Hawk City Clerk
 201 Selak Street | PO Box 68
 Black Hawk, CO 80422-068
 Office 303-582-2221 | Fax 303-582-0429
 Email CityClerk@cityofblackhawk.org
 www.cityofblackhawk.org

PLEASE SUBMIT COMPLETED AND SIGNED APPLICATION ALONG WITH PAYMENT. INCOMPLETE APPLICATIONS MAY BE RETURNED.

Registrant Holds a Valid PUC Permit Yes <input type="checkbox"/> No <input type="checkbox"/>		REGISTRATION NUMBER		
All registrants must submit the following information with their registration form: A. A list of designated shuttle stops and where applicable, written consent of the property owner. B. A schedule showing the arrival and departure times to the designated shuttle stops.		<input type="checkbox"/> Initial Registration		
Registrants without PUC Permits must submit the following information in addition to the items listed above: C. A list of shuttle vehicles noting make and model, license number, and seating capacity for each vehicle. C. A certificate of insurance indicating that the shuttle owner or operator has coverage required by Ordinance 94-7. D. A certificate of inspection as provided for in Ordinance 94-7. E. Proof of insurance policy which provides that the City shall receive twenty (20) days notice prior to cancellation.		<input type="checkbox"/> Registration Renewal <input type="checkbox"/> Updated Contact <input type="checkbox"/> Updated Phone <input type="checkbox"/> Updated Address		
BUSINESS INFORMATION	PUBLIC UTILITIES COMMISSION (PUC) PERMIT <i>(if applicable)</i>			
	LEGAL CORPORATE NAME			
	TRADE NAME / DBA <i>(Doing Business As)</i>		BUSINESS WEB ADDRESS	
	PHYSICAL BUSINESS ADDRESS <i>(No P.O. Boxes)</i>	CITY	STATE	ZIP
	MAILING ADDRESS <i>(If different than business address)</i>	CITY	STATE	ZIP
	BUSINESS CONTACT NAME	PHONE	EMAIL ADDRESS	
INSURANCE	<i>Complete Insurance Section ONLY if applicant IS NOT a PUC Permit holder.</i>			
	INSURANCE COMPANY NAME	POLICY NUMBER		
	INSURANCE PERIOD OF COVERAGE	PHONE	PHONE	
	INSURANCE COMPANY MAILING ADDRESS	CITY	STATE	ZIP
SIGNATURE	SWORN STATEMENT			
	<p>I understand an approved and issued business license/registration is required to conduct business within the City of Black Hawk. I fully understand and will comply with all rules and regulations of the City of Black Hawk Municipal Code. It is my responsibility to acquire all necessary approvals for this application, and to submit a completed application annually with appropriate payment to the City Clerk's Office prior to January 1 of each year. This application is complete and correct to the best of my knowledge.</p> <p>I agree to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.</p> <p><input type="checkbox"/> By checking this box and typing my name below, I am electronically signing my application.</p>			
	SIGNATURE _____	TITLE _____	DATE _____	
PAYMENT	ANNUAL REGISTRATION FEE			
	AMOUNT DUE: \$100.00 PAYMENT OPTIONS: Cash, Check, or Credit Card (convenience fees apply to credit card payments). Credit card payments may be submitted online, in person, or by phone. Make checks payable to the City of Black Hawk. Contact the Clerk's Office for more information at 303-582-2212.			

STAFF REVIEW	FINANCE Sales Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No Amt Paid: _____ Ck#: _____ By: _____ Date: _____					
	CLERK <input type="checkbox"/> Database <input type="checkbox"/> Application Scan <input type="checkbox"/> Ins Scan <input type="checkbox"/> Approved: License Issued <input type="checkbox"/> Denied: State Reason Below By: _____ Date: _____					
	COMMENTS					