



City of Black Hawk 2024 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 ☐ No ☐

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.

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.
- D. A certificate of insurance indicating that the shuttle owner or operator has coverage required by Ordinance 94-7.
- E. A certificate of inspection as provided for in Ordinance 94-7.
- F. Proof of insurance policy which provides that the City shall receive twenty (20) days notice prior to cancellation.

REGISTRATION NUMBER

☐ Initial Registration

☐ Registration Renewal

☐ Updated Contact

☐ Updated Phone

☐ Updated Address

PUBLIC UTILITIES COMMISSION (PUC) PERMIT (if applicable)

LEGAL CORPORATE NAME

TRADE NAME / DBA (Doing Business As)

BUSINESS WEB ADDRESS

PHYSICAL BUSINESS ADDRESS (No P.O. Boxes)

CITY

STATE

ZIP

MAILING ADDRESS (If different than business address)

CITY

STATE

ZIP

BUSINESS CONTACT NAME

PHONE

EMAIL ADDRESS

Complete Insurance Section ONLY if applicant IS NOT a PUC Permit holder.

INSURANCE COMPANY NAME

POLICY NUMBER

INSURANCE PERIOD OF COVERAGE

PHONE

PHONE

INSURANCE COMPANY MAILING ADDRESS

CITY

STATE

ZIP

SWORN STATEMENT

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.

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.

☐ By checking this box and typing my name below, I am electronically signing my application.

SIGNATURE

TITLE

DATE

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.

FINANCE

Sales Tax: ☐ Yes ☐ No

Amt Paid:

Ck#:

By:

Date:

CLERK

☐ Database ☐ Application Scan ☐ Ins Scan

☐ Approved: License Issued ☐ Denied: State Reason Below

By:

Date:

COMMENTS