

SOUTH PORTLAND CITY COUNCIL

POSITION PAPER OF THE CITY CLERK

SUBJECT:

BUSINESS LICENSE: THE NEW S.P. TAXI, 42 KELLEY STREET, FOR A CERTIFICATE OF PUBLIC CONVENIENCE.

POSITION:

The owners are James Fitzgerald and Sara Fitzgerald. This is a new taxi company.

The Police Department has already approved this application, which is a requirement of the Ordinance.

REQUESTED ACTION:

Consideration by Council for the Certificate of Public Convenience.


CITY CLERK

City of South Portland
Office of the City Clerk
P.O. Box 9422
South Portland, ME 04116-9422
207-767-7628
Certificate of Public Convenience
§14-58

From: _____ to _____

Business Name: The New S.P. taxi Telephone: 207 3172529

Business Address: 42 Kelley st, South Portland, ME 04106

→ Location of Garage (if different from above): _____

Business Owner(s) Name(s): Sara Fitzgerald Date of Birth: [REDACTED]

James Fitzgerald Date of Birth: [REDACTED]

Note: If the business is a corporation, or if a corporation has an ownership interest in the applicant, list the state of incorporation and whether the corporation is licensed to do business in the state of Maine:
N/A

List the principal officers and managers of the business:

Name	Address	Birth Date
<u>Sara Fitzgerald</u>	<u>42 Kelley st South Portland ME 04106</u>	<u>[REDACTED]</u>

Have any of the above ever been arrested, indicted, convicted or court martialled for any violation of law? Yes If yes, state particulars and disposition: Shooting BB gun inside city limits (2000) paid fine. OUI, suspended, revoked. (2001) reinstated.

We, the above listed officers and/or managers, hereby grant the release of information as cited in §14-58(a)(11) to the City of South Portland "for use by the city council in aid of its determination of whether to issue, suspend or revoke a certificate of public convenience."

Signature [Handwritten Signature]

Print Name and Title
Sara Fitzgerald
James Fitzgerald driver

Name of Manager: Sara Fitzgerald

Portl. Manager's Home Address (City, State, Zip): 42 Kelley St south Portland ME 04106

Please note each municipality in which you or any person identified with this license has operated or is operating a taxicab service: Portland

Has the right to operate in any of the above municipalities ever been suspended or revoked? No
If yes, please give a detailed explanation of the reasons for and the circumstances surrounding any such suspension or revocation: _____

Detailed description of the graphic design. Logo, insignia, wording, color scheme and other markings intended to identify the applicant's taxicabs and which will appear thereon: white & turquoise on black. Car.

Number of Taxicab/limos/vehicles: A. Owned or leased 2 B. Operated 1

Taxicab/Limo/Vehicle Information:

Make	Type	Year	Plate #	Seating	Vin #
<u>Saturn</u>	<u>Vue</u>	<u>2004</u>	<u>8538</u>		<u>5GZCZ634X458261</u>
<u>Mercury</u>	<u>Sable</u>	<u>2001</u>	<u>N/A</u>		<u>1MEFM55S51A600786</u>

Attach proof of insurance as required: \$300,000 person and \$50,000 property
Insurance Agent and Address: Anderson - Watkins Insurance
31 Central St. Westbrook ME 04092.

The insurance policy shall bear an endorsement thereon that the City Clerk shall be notified in writing no less than thirty (30) days prior to the cancellation thereof. Written evidence of such coverage shall be filed with the City Clerk.

Processing Fee: \$20.00

Municipal Use Only

Date of Application: _____ Date Paid: _____ Receipt #: _____

New: _____ Renewal: _____ Map and Lot #: _____ RE Taxes Paid: _____

Personal Property Taxes: _____ Paid: _____

Police Chief

Approved _____ Comment _____
Disapproved _____