

Operating Authority Application

Return completed applications to: City Secretary, City Hall, 101 N. College Street, Killeen, TX 76541

An operating authority is valid for five (5) years from the date of approval. Vehicle permits are renewed annually.

Business / Trade Name: Ambiance Limousine and Transportation, LLC

Owner Name: TARA CRAWLEY

Business Address: 315 EAST AVED. STE 10211, KILLEEN, TX 76541

Mailing Address: 315 EAST AVE. D. Ste. 10211, KILLEEN, TX 76541

Phone Number: 254-285-8405 Email: Ambiancelimo@gmail.com

Type(s) of Operating Authority requested:

☒ Limousine Service ☒ Airport Shuttle Service ☐ Shuttle Service
☐ Charter Service ☐ Taxicab ☐ Other

Number of vehicle window permits requested:

* A vehicle window permit is required for each vehicle.

<u>2</u>	Limousine Charter	<u>1</u>	Airport Shuttle Taxicab	<u>1</u>	Shuttle Other
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Vehicle Information:

* If additional space is needed, you may use a separate page.

Year	Make	Model	Body Style	*Seating Capacity	**Service Type	License Number	VIN
2014	Chrysler	300	4DR	10	LIMO	DBG 0831	2C3CCAAG0E1135914
2011	FORD	E350	PASS VAN	15	SHUTTLE	FZL 6543	1FB5S3BL9YDA58892
2008	FORD	E450	BUS	20	LIMO	V08798	1FO4E45588DA26561

* Manufacturer's rated seating capacity

** (L) Limousine (A) Airport Shuttle (S) Shuttle (C) Charter (O) Other

Driver Information:

* List all drivers. If additional space is needed, you may use a separate page.

[illegible]

Insurance Information:

Insurance Company: National Vaught Insurance

Insurance Agent Name: Mayra Jimenez

Insurance Agent Phone Number: 281-647-9100

Insurance Agent License #:

RECEIVED



CITY OF KILLEEN
City Secretary's Office

Operating Authority

Code of Ordinances Chapter 29, Article II
Operating Authority

The application must include the following information:

- ☒ Current State of Texas registration for each service vehicle
- ☒ The proposed rate of fare
- ☒ A certificate of insurance coverage listing the City of Killeen as additional insured
 - ☐ Taxicab services – attach a description of the taximeter proposed to be used and a current rate card
 - ☐ Taxicab services – indicate the color scheme of vehicles:

Fee Information:

A \$300.00 non-refundable application fee must be submitted with this application.

Upon approval of the operating authority, the following fees must be submitted:

Vehicle Permit \$125.00 per vehicle

Airport Permit \$50.00 per vehicle (if applicable)

*Driver Permit \$25.00 per driver (submitted to the Killeen Police Department)

* All drivers must go to the Killeen Police Department headquarters, Records Department, located at 3304 Community Boulevard, to obtain a Driver Permit. The Police Department will require a letter of sponsorship from the company, a valid current Texas Driver's License, and a \$25.00 fee (cash only).

I, _____, applicant do swear or affirm that all the information included within this application is accurate, and I understand that any omitted information or information found to be inaccurate will result in the denial of this application for operating authority or the revocation of an operating authority that is granted based on the information provided in this application. I also swear or affirm that I have read and understand Chapter 29 of the Killeen City Code relating to Transportation and agree to comply with the terms as written and as may be amended.

TERWAN D. CRAWLEY

Printed Name of Applicant

Terwan D. Crawley

Signature of Applicant

20 Nov 2023

Date Submitted

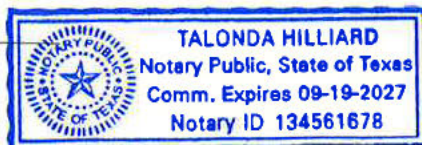
THE STATE OF TEXAS

COUNTY OF BELL

BEFORE ME, the undersigned authority, on this day appeared _____, known to me to be the person whose name is signed to the foregoing application and duly sworn by me states under oath that he/she has read the said application and that all the facts therein set forth are true and correct.

Sworn to before me, this, 20th day of November, 2023.

Talonda Hilliard
Notary Public



Application must go to the City Council for approval after City Manager Approval.

Driver Information:

* List all drivers. If additional space is needed, you must use a separate page.

Name	Date of Birth	Texas Driver's License #
Terwan D. Crawley		
Tara D. Crawley		
KELVIN STOKES		
GREGORY HIGGINS		
LEKENDRICK DUKES		
DALMATIA DUKES		

Insurance Information:

Insurance Company: Vaught Insurance

Insurance Agent Name: Mayra Jimenez

Insurance Agent Phone Number: (281) 647-9100

Insurance Agent License #:



TERWAN CRAWLEY

315 East Ave D, Ste 10211
KILLEEN, TEXAS 76541

November 13, 2023

Subject: Judgement Affidavit

Dear Mayor and Council Members of the City of Killeen:

This affidavit is to certify that I, Terwan D. Crawley, have no outstanding judgments related to ground transportation service.

If you have any further questions or comments regarding this affidavit, please feel free to discuss it with me personally at [REDACTED]

Sincerely,


Terwan Crawley
Manager



TERWAN CRAWLEY

315 East Ave D, Ste 10211
KILLEEN, TEXAS 76541

November 13, 2023

Subject: Proposed Services

Dear Mayor and Council Members of the City of Killeen:

I, Terwan D Crawley, will provide limousine and transportation services for the City of Killen, to include weddings, proms, tours, special events, business meetings, et cetera.

If you have any further questions or comments regarding this letter, please feel free to discuss it with me personally at [REDACTED]

Sincerely,

Terwan Crawley
Manager



TERWAN CRAWLEY

315 East Ave D, Ste 10211
KILLEEN, TEXAS 76541

November 13, 2023

Subject: Proposed Rates

Dear Mayor and Council Members of the City of Killeen:

I, Terwan D Crawley, propose rates of service as follows: Hourly rates starting at \$90 per hour dependent upon the circumstances of requested services as well as the day of the week.

If you have any further questions or comments regarding this letter, please feel free to discuss it with me personally at [REDACTED]

Sincerely,

Terwan Crawley
Manager



TERWAN CRAWLEY

315 East Ave D, Ste 10211
KILLEEN, TEXAS 76541

November 13, 2023

Subject: Default Statement

Dear Mayor and Council Members of the City of Killeen:

I, Terwan D Crawley, states that I am currently not in default or arrears in any amount or way to the City of Killeen or any activity associated with the City of Killeen.

If you have any further questions or comments regarding this letter, please feel free to discuss it with me personally at [REDACTED]

Sincerely,

Terwan Crawley
Manager



TERWAN CRAWLEY

315 East Ave D, Ste 10211
KILLEEN, TEXAS 76541

November 13, 2023

Subject: Ground Transportation Experience

Dear Mayor and Council Members of the City of Killeen:

I, Terwan D Crawley, have been operating a limousine and transportation business for nine years additionally, I have operated various military vehicles over a span of 30 years. Those vehicles range from 1 ¼ ton to 10 ton vehicles with attached trailers. Over the course of the 30 year span, I have logged in over 30,000 miles.

If you have any further questions or comments regarding this letter, please feel free to discuss it with me personally at [REDACTED]

Sincerely,

Terwan Crawley
Manager

INTERNET REGISTRATION RENEWAL

LMD

PROCESSING COUNTY: BELL
RESIDENT COUNTY: BELL
PLATE NO: DBG0831
DOCUMENT NO: 05000141765101749

TAC NAME: SHAY LUEDEKE
DATE: 05/02/2023
TIME: 08:30PM
EMPLOYEE ID: TUSER

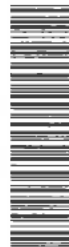
EFFECTIVE DATE: 05/01/2023
EXPIRATION DATE: 4/2024
TRANSACTION ID: 01409945046250132

OWNER NAME AND ADDRESS
TROY MAURICE SHIRRIEL
TERWAN DYRAL CRAWLEY



TERWAN CRAWLEY

608112210005790101



REGISTRATION CLASS: PASSENGER-LESS/EQL 6000
PLATE TYPE: PASSENGER-TRUCK PLT
ORGANIZATION:
STICKER TYPE: WS

PREVIOUS PLATE NO: DBG0831
VEHICLE IDENTIFICATION NO: 2C3CCAAG0EH135914
YR/MAKE: 2014/CHRY MODEL: C30 BODY STYLE: 4D UNIT NO:
EMPTY WT: 3882 CARRYING CAPACITY: 0 GROSS WT: 3882
BODY VEHICLE IDENTIFICATION NO: TRAVEL TRLR LENGTH: 0

VEHICLE CLASSIFICATION: PASS

INVENTORY ITEM(S)
WINDSHIELD STICKER

YR
2024

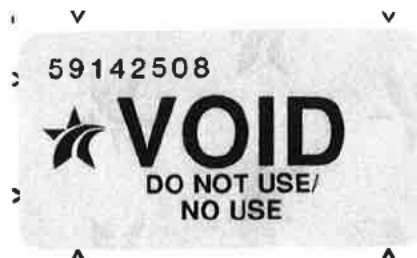
FEE	AMOUNT
WINDSHIELD STICKER	\$ 50.75
REG FEE-DPS	\$ 1.00
CNTY ROAD BRIDGE ADD-ON FEE	\$ 10.00
CHILD SAFETY FUND	\$ 1.50
INSPECTION FEE-1YR	\$ 7.50
PROCESSING AND HANDLING FEE	\$ 4.75
ONLINE DISCOUNT	\$ -1.00
TOTAL	\$ 74.50

VEHICLE RECORD NOTATIONS
ACTUAL MILEAGE
PAPER TITLE
MAJOR COLOR: WHITE

IMPORTANT DOCUMENT: Please retain for your records.
THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.
Purchased registration remains with this vehicle and
will not be refunded if the vehicle is sold.

PEEL FROM BACK ONLY / DESPEGUE POR DETRÁS

Peel sticker from any corner.
Despegue la calcomanía de cualquier esquina.



WINDSHIELD STICKER /
CALCOMANÍA DE PARABRISAS

OR

PLATE STICKER /
CALCOMANÍA DE PLACA

INTERNET REGISTRATION RENEWAL

PROCESSING COUNTY: BELL
RESIDENT COUNTY: BELL
PLATE NO: FZL6543
DOCUMENT NO: 01432242177161031

TAC NAME: SHAY LUEDEKE
DATE: 09/12/2023
TIME: 08:30PM
EMPLOYEE ID: IUSER

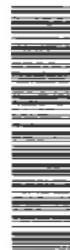
EFFECTIVE DATE: 09/08/2023
EXPIRATION DATE: 7/2024
TRANSACTION ID: 01409945179250063

OWNER NAME AND ADDRESS
TROY SHIRRIEL
TERWAN CRAWLEY



TERWAN DYRAL CRAWLEY

60812551000380101



REGISTRATION CLASS: TRUCK-LESS/EQL, 1 TON
PLATE TYPE: PASSENGER-TRUCK PLT
ORGANIZATION:
STICKER TYPE: WS

PREVIOUS PLATE NO: FZL6543
VEHICLE IDENTIFICATION NO: 1FBSS3BL5BDA58892
YR/MAKE: 2011/FORD MODEL: BODY STYLE: VN UNIT NO:
EMPTY WT: 6300 CARRYING CAPACITY: 1500 GROSS WT: 7800
BODY VEHICLE IDENTIFICATION NO: TRAVEL TRLR LENGTH: 0

VEHICLE CLASSIFICATION: TRK<=1

INVENTORY ITEM(S)
WINDSHIELD STICKER

YR
2024

FEES ASSESSED
WINDSHIELD STICKER
REG FEE-DPS
CNTY ROAD BRIDGE ADD-ON FEE
CHILD SAFETY FUND
INSPECTION FEE-1YR
PROCESSING AND HANDLING FEE
ONLINE DISCOUNT

54.00
1.00
10.00
1.50
7.50
4.75
1.00

TOTAL \$ 77.75

VEHICLE RECORD NOTATIONS
ACTUAL MILEAGE
PAPER TITLE
ELECTRONIC RENEWAL NOTICE
MAJOR COLOR: WHITE

IMPORTANT DOCUMENT: Please retain for your records.
THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.
Purchased registration remains with this vehicle and
will not be refunded if the vehicle is sold.

PEEL FROM BACK ONLY / DESPEGUE POR DETRÁS

Peel sticker from any corner.
Despegue la calcomanía de cualquier esquina.



WINDSHIELD STICKER /
CALCOMANÍA DE PARABRISAS

OR

PLATE STICKER /
CALCOMANÍA DE PLACA

BUS

INTERNET REGISTRATION RENEWAL

PROCESSING COUNTY: BELL
RESIDENT COUNTY: BELL
PLATE NO: U08798
DOCUMENT NO: 01432044650142232

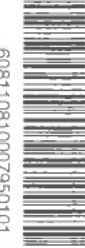
TAC NAME: GRAY LUEDEKE
DATE: 04/13/2023
TIME: 08:30PM
EMPLOYEE ID: IUSER

EFFECTIVE DATE: 04/15/2023
EXPIRATION DATE: 2/2024
TRANSACTION ID: 01409945032250417

OWNER NAME AND ADDRESS
TROY MAURICE SHIRRIEL
TERWAN DYRAL CRAWLEY



TERWAN DYRAL CRAWLEY



60810810007950101

REGISTRATION CLASS: PRIVATEBUS-MORETHAN6000
PLATE TYPE: PRIVATE BUS PLT
ORGANIZATION:
STICKER TYPE: WS

PREVIOUS PLATE NO: U08798
VEHICLE IDENTIFICATION NO: 1FD4E45S88DA26561
YR/MAKE: 2008/FORD MODEL: BODY STYLE: BU UNIT NO:
EMPTY WT: 9900 CARRYING CAPACITY: 3750 GROSS WT: 13650
BODY VEHICLE IDENTIFICATION NO: TRAVEL TRLR LENGTH: 0

VEHICLE CLASSIFICATION: BUS

INVENTORY ITEM(S)
WINDSHIELD STICKER

YR
2024

FEE	AMOUNT
FEE ASSESSED	
WINDSHIELD STICKER	110.00
REG FEE-DPS	1.00
CNTY ROAD BRIDGE ADD-ON FEE	10.00
CHILD SAFETY FUND	1.50
INSPECTION FEE-1YR	7.50
PROCESSING AND HANDLING FEE	4.75
ONLINE DISCOUNT	-1.00

TOTAL \$ 133.75

VEHICLE RECORD NOTATIONS
PAPER TITLE
MAJOR COLOR: WHITE

IMPORTANT DOCUMENT: Please retain for your records.
THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.
Purchased registration remains with this vehicle and
will not be refunded if the vehicle is sold.

PEEL FROM BACK ONLY / DESPEGUE POR DETRÁS

Peel sticker from any corner.
Despegue la calcomanía de cualquier esquina.

WINDSHIELD STICKER /
CALCOMANÍA DE PARABRISAS

OR

PLATE STICKER /
CALCOMANÍA DE PLACA





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/20/2023

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 have ADDITIONAL INSURED provisions or 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
AssuredPartners of Texas
840 Gessner Rd
Suite 700
Houston TX 77024

CONTACT
NAME: Mayra Jimenez
PHONE
(A/C, No, Ext): 281-647-9100 FAX
(A/C, No): 281-647-6663
E-MAIL
ADDRESS: Mayra.jimenez@assuredpartners.com

License#: 1435292
AMBILIM-01

INSURED
Ambiance Limousine & Transportation
PO Box 940
Killeen TX 76540

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: National Liability & Fire Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2007486563

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 SUBR INSD WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	73APR396651-03	5/1/2023	5/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

2014 Chrysler 300 2C3CCAAG0EH135914
2011 Ford E-350 1FDSS3BL9BDA10254
2011 Ford E-350 Wagon 1FBSS3BL5BDA58892
2008 Ford E-350 1FD4E45S88DA26561

Certificate holder is listed as additional insured with a 30-day notice of cancellation.

CERTIFICATE HOLDER**CANCELLATION**

City of Killeen
PO Box 1324
Killeen TX 76540

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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