



CITY OF KILLEEN

TO: Ronald L. Olson, City Manager
VIA: Kathy Davis, City Attorney *KAD*
Scott Dickson, KPD (see attached)
FROM: Dianna Barker, City Secretary *DB*
DATE: February 28, 2017

OPERATING AUTHORITY PERMIT APPLICATION

Ambiance Limousine has applied for a Ground Transportation permit to operate a car service/charter/shuttle service in the City of Killeen. The application meets the requirements for Ground Transportation as described in Chapter 29, Art II, of the Code of Ordinances.

The Chief of Police or his designee has reviewed the application and has no reason to object to granting the request; therefore, the City Secretary recommends the application be approved and submitted to the City Council.

Approved / Denied this 2 day of March 2017.



Ronald L. Olson, City Manager *RO*



**APPLICATION FOR
GROUND TRANSPORTATION SERVICE OPERATING AUTHORITY**
Chapter 29, Article 2 of the City of Killeen Code of Ordinances

1. Service Name: Ambiance Limousine + Transportation, LLC Telephone #: 254-833-1833 or 910-920-6568
Business Address: P.O. BOX 940 KILLEEN, TX 76544 Fax #: 254-833-5107
E-mail: ~~ambiance~~ reservations@ambiancelimo.com

2. Please check the type(s) of Operating Authority requested:

- Limousine Service Airport Shuttle Service Other _____
 Shuttle Service Charter Service

3. The following information must be provided for the applicant, each officer, director, partner, and any other person who will participate in the business decisions of or who has the authority to enter contracts on behalf of the ground transportation service. This information is to be provided on a separate page and attached to the application.

Name: TERWAN D. CRAWLEY Texas Drivers License #: 38201475
Address: 51768-2 COMANCHE CIR, FORT HOOD, TX 76544 Telephone #: 910-920-6568
Number of years of Texas residency: 3 years

Provide a description of all criminal convictions and attach a criminal history certified by the Texas Department of Public Safety. If Texas residency has been less than three (3) years, the criminal history information must be provided and certified by the corresponding governmental authority in the former state(s) of residence. The certification of the criminal history information must have occurred within 30 days preceding the submission of the application.

4. Number of permits requested for each service:

Limousine 1 Airport Shuttle 1 Shuttle _____
Charter _____ Other 2 (VANS)

5. Provide the following information for each vehicle to be used to provide the service (if additional space is needed include on a separate page):

Yr.	Make	Model	Body Style	Seating Capacity*	Service Type**	License Number	Vehicle Identification No.
1)	2011 FORD	E350	VAN	14	Ø	DXD0731	1FD6S3BL9BDA10254
2)	2011 FORD	E350	VAN	14	O	BB71349	1FBSSBL5BDAS8893
3)	2014 CHRYSLER	STRETCH	300 LIMO	10	L	DBGØ831	ZC3CCAAGØEH135914
4)							
5)							
6)							
7)							
8)							
9)							
10)							

* Manufacturer's rated seating capacity

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

6. Name of Insurance Co.: SOUTHERN COUNTY MUTUAL
 Agent Name: VAUGHT INSURANCE SERVICES
 Agent Phone #: 281-647-9100 Agent Insurance License #: WPØØ28Ø1

7. The applicant must provide the following information and attach as part of the application:

- ✓ a. Copies of the appropriate following documents to verify that each vehicle proposed to be operated by the applicant is owned, leased, or under contract by the applicant:
 1. Certificate of Title.
 2. Lease/rental contract, or
 3. Other contract as appropriate.
- ✓ b. Certified copies of any documents required by state law to be filed for the business entity to legally exist, and a statement from the Texas Secretary of State certifying that the business is in good standing if state law requires the entity to file documents with the Texas Secretary of State.
- ✓ c. A description of the applicant's ground transportation service experience.
- ✓ d. A detailed description of the proposed service.
- ✓ e. The proposed rate of fare.
- ✓ f. A certificate of insurance as proof of insurance coverage, listing the City of Killeen as additional insured.
- ✓ g. An affidavit certifying that there are no outstanding judgments related to ground transportation service against a person described in Item #3 of this application.
- ✓ h. Any service that utilizes vehicles with a passenger capacity of 16 or more, including the driver, and desire the drivers to be exempt from the Driver's Permit requirement must submit the driver's license number and a photocopy of each driver's license of the drivers that possess a valid Class "B" or "C" commercial driver's license with a passenger endorsement issued by the State of Texas and a certificate stating that the driver is physically qualified to drive a commercial motor vehicle issued by a qualified medical examiner.

(Paid cash)

i. Shuttle and non-motorized service applicants must submit proposed routes, stops, and schedules for approval.

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

8. Attach a statement that the applicant(s) are not in default or arrears in any amount or way with or to the City of Killeen or any activity associated with the City of Killeen.

I, TERWAN DYRAL CRAWLEY, applicant, do swear or affirm that all of 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 Dyrall Crawley
Signature of Applicant

OWNER
Title

21 FEB 17
Date

THE STATE OF TEXAS

COUNTY OF BELL

BEFORE ME, the undersigned authority, on this day appeared Terwan Dyrall Crawley, 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 of the facts therein set forth are true and correct.

Sworn to before me, this, 21st day of February, 20 17.

Notary Public in and for Bell County, TX

Ivan D. Thompson
Thompson, Ivan D.
Military Notary

Texas Department of Motor Vehicles

REGISTRATION RENEWAL RECEIPT

A.

COUNTY: CORYELL
PLATE NO: DXD0731
DOCUMENT NO: 014303423100090713

TAC NAME: JUSTIN K. CAROTHERS
DATE: 07/29/2016
TIME: 03:17PM
EMPLOYEE ID: CYNTHIA
EFFECTIVE DATE: 09/01/2016
EXPIRATION DATE: 8/2017
TRANSACTION ID: 05020142578151759

OWNER NAME AND ADDRESS
TROY MAURICE SHIRRIEL
51768-2 COMANCHE CTR
FT HOOD, TX 76544

REGISTRATION CLASS: PASSENGER-MORETHAN 6000
PLATE TYPE: PASSENGER-TRUCK PLT
ORGANIZATION:
STICKER TYPE: WS

Do Not Destroy

PREVIOUS PLATE NO: DXD0731
VEHICLE IDENTIFICATION NO: 1FDSS3BE9BDA10264
YEAR MAKE: 2011 FORD CARRYING CAPACITY: 0
GROSS WT: 6400
BODY VEHICLE IDENTIFICATION NO: 0
VEHICLE CLASSIFICATION: PASS-TRK
UNIT NO:
TRAVEL TRLR LENGTH: 0

INVENTORY ITEM(S)
WINDSHIELD STICKER YR 2017

FEES ASSESSED	AMOUNT
WINDSHIELD STICKER	\$ 54.00
REG FEE-DPS	\$ 1.00
CNTY ROAD BRIDGE ADD-ON FEE	\$ 10.00
AUTOMATION FEE	\$ 1.00
INSPECTION FEE-1YR	\$ 7.50
TOTAL	\$ 73.50

VEHICLE RECORD NOTATIONS
ACTUAL MILEAGE
PAPER TITLE
PAPER COLOR: WHITE

METHOD OF PAYMENT AND PAYMENT AMOUNT:	CHARGE \$
TOTAL AMOUNT PAID \$	73.50

REGISTRATION RENEWAL RECEIPT

COUNTY: CORYELL
PLATE NO: FZL6543
DOCUMENT NO: 01432242177161031

TAC NAME: JUSTIN K. CAROTHERS
DATE: 06/01/2016
TIME: 08:02AM
EMPLOYEE ID: NATALIE

EFFECTIVE DATE: 06/01/2016
EXPIRATION DATE: 5/2017
TRANSACTION ID: 05000142520080217

OWNER NAME AND ADDRESS
TROY SHIRRIEL
TERWAN CRAWLEY
51786 COMANCHE CIRCLE UNIT 2
FORT HOOD, TX 76544

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

PREVIOUS PLATE NO: BB71349
VEHICLE IDENTIFICATION NO: 1FBSS3BL5BDA58892
YR/MAKE: 2011/FORD MODEL: BODY STYLE: VN
EMPTY WT: 6300 CARRYING CAPACITY: 1500
BODY VEHICLE IDENTIFICATION NO:

VEHICLE CLASSIFICATION: TRK<=1
UNIT NO:
GROSS WT: 7800
TRAVEL TRLR LENGTH: 0

INVENTORY ITEM(S) YR
WINDSHIELD STICKER 2017

FEES ASSESSED	AMOUNT
WINDSHIELD STICKER	54.88
REG FEE-DPS	1.00
CNTY ROAD BRIDGE ADD-ON FEE	10.00
AUTOMATION FEE	1.00
INSPECTION FEE-1YR	7.50
TOTAL	73.50
METHOD OF PAYMENT AND PAYMENT AMOUNT:	
CHARGE \$	73.50

VEHICLE RECORD NOTATIONS
ACTUAL MILEAGE
PAPER TITLE
MAJOR COLOR: WHITE

TOTAL AMOUNT PAID \$ 73.50

Do Not Destroy

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.

REGISTRATION RENEWAL RECEIPT

A.

COUNTY: CORYELL

PLATE NO: DEG0831
DOCUMENT NO: 05000141765101749

TAC NAME: JUSTIN K. CAROTHERS
DATE: 05/04/2016
TIME: 08:29AM
EMPLOYEE ID: NATALIE
EFFECTIVE DATE: 05/04/2016
EXPIRATION DATE: 4/2017
TRANSACTION ID: 05000142492082913

OWNER NAME AND ADDRESS
TROY MAURICE SHIRRIEL
TERWAN DYRAL CRAWLEY
51768 UNIT 2 COMANCHE CIRCLE
FORT HOOD, TX 76544

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

PREVIOUS PLATE NO: DEG0831
VEHICLE IDENTIFICATION NO: 2C3CGCAG0EH135914
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

FEES ASSESSED
WINDSHIELD STICKER \$ 50.75
REG. FEE-DPS \$ 1.00
CNTY ROAD BRIDGE ADD-ON FEE \$ 1.00
AUTOMATION FEE \$ 1.00
INSPECTION FEE-1YR \$ 7.50
TOTAL \$ 70.25

VEHICLE RECORD NOTATIONS
VEHICLE MILEAGE
PAPER COLOR: WHITE
METHOD OF PAYMENT AND PAYMENT AMOUNT:
CHARGE \$ 70.25
TOTAL AMOUNT PAID \$ 70.25

Do Not Destroy

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.



Office of the Secretary of State

CERTIFICATE OF FILING OF

Ambiance Limousine and Transportation LLC
File Number: 801929507

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 02/07/2014

Effective: 02/07/2014



NANDITA BERRY

Nandita Berry
Secretary of State

Form 403
(Revised 05/11)

This space reserved for office use.

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: \$15



Certificate of Correction

FILED
In the Office of the
Secretary of State of Texas
FEB 11 2014
Corporations Section

Entity Information

1. The name of the filing entity is:

Ambiance Limosine and Transportation LLC

State the name of the entity as currently shown in the records of the secretary of state. If the certificate of correction corrects the name of the entity, state the present name and not the name as it will be corrected.

The file number issued to the filing entity by the secretary of state is: 801929507

Filing Instrument to be Corrected

2. The filing instrument to be corrected is: Certificate of Formation Limited Liability Company

The date the filing instrument was filed with the secretary of state: 02/07/2014

mm/dd/yyyy

Identification of Errors and Corrections

(Indicate the errors that have been made by checking the appropriate box or boxes; then provide the corrected text.)

The entity name is inaccurate or erroneously stated. The corrected entity name is:

The registered agent name is inaccurate or erroneously stated. The corrected registered agent name is:

Corrected Registered Agent
(Complete either A or B, but not both.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

Terwan

Crawley

First

Middle

Last Name

Suffix

The person executing this certificate of correction affirms that the registered agent, whose name is being corrected by this certificate, consented to serve as registered agent at the time the filing instrument being corrected took effect.

The registered office address is inaccurate or erroneously stated. The corrected registered office address is:

Corrected Registered Office Address

<i>Street Address (No P.O. Box)</i>	<i>City</i>	TX	<i>State</i>	<i>Zip Code</i>
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The purpose of the entity is inaccurate or erroneously stated. The purpose is corrected to read as follows:

The period of duration of the entity is inaccurate or erroneously stated. The period of duration is corrected to read as follows:

Identification of Other Errors and Corrections

(Indicate the other errors and corrections that have been made by checking and completing the appropriate box or boxes.)

Other errors and corrections. The following inaccuracies and errors in the filing instrument are corrected as follows:

Add Each of the following provisions was omitted and should be added to the filing instrument. The identification or reference of each added provision and the full text of the provision is set forth below.

Alter The following identified provisions of the filing instrument contain inaccuracies or errors to be corrected. The full text of each corrected provision is set forth below:

Delete Each of the provisions identified below was included in error and should be deleted.

<input type="checkbox"/> Defective Execution The filing instrument was defectively or erroneously signed, sealed, acknowledged or verified. Attached is a correctly signed, sealed, acknowledged or verified instrument.

Statement Regarding Correction

The filing instrument identified in this certificate was an inaccurate record of the event or transaction evidenced in the instrument, contained an inaccurate or erroneous statement, or was defectively or erroneously signed, sealed, acknowledged or verified. This certificate of correction is submitted for the purpose of correcting the filing instrument.

Correction to Merger, Conversion or Exchange

The filing instrument identified in this certificate of correction is a merger, conversion or other instrument involving multiple entities. The name and file number of each entity that was a party to the transaction is set forth below. (If the space provided is not sufficient, include information as an attachment to this form.)

<i>Entity name</i>	<i>SOS file number</i>
<i>Entity name</i>	<i>SOS file number</i>


Effectiveness of Filing

After the secretary of state files the certificate of correction, the filing instrument is considered to have been corrected on the date the filing instrument was originally filed except as to persons adversely affected. As to persons adversely affected by the correction, the filing instrument is considered to have been corrected on the date the certificate of correction is filed by the secretary of state.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 2/11/2014

By: _____

Signature of authorized person

Troy Shirriel
Printed or typed name of authorized person (sec instructions)

Form 403
(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: \$15



This space reserved for office use.

Certificate of Correction

Entity Information

1. The name of the filing entity is:

Ambiance Limosine and Transportation LLC

State the name of the entity as currently shown in the records of the secretary of state. If the certificate of correction corrects the name of the entity, state the present name and not the name as it will be corrected.

The file number issued to the filing entity by the secretary of state is: 801929507

Filing Instrument to be Corrected

2. The filing instrument to be corrected is : Certificate of Formation Limited Liability Company

The date the filing instrument was filed with the secretary of state: 02/07/2014

mm/dd/yyyy

Identification of Errors and Corrections

(Indicate the errors that have been made by checking the appropriate box or boxes; then provide the corrected text.)

The entity name is inaccurate or erroneously stated. The corrected entity name is:

The registered agent name is inaccurate or erroneously stated. The corrected registered agent name is:

Corrected Registered Agent
(Complete either A or B, but not both.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

Terwan

Crawley

First

Middle

Last Name

Suffix

The person executing this certificate of correction affirms that the registered agent, whose name is being corrected by this certificate, consented to serve as registered agent at the time the filing instrument being corrected took effect.

The registered office address is inaccurate or erroneously stated. The corrected registered office address is:

Corrected Registered Office Address

Street Address (No P.O. Box) *City* **TX**
State *Zip Code*

The purpose of the entity is inaccurate or erroneously stated. The purpose is corrected to read as follows:

The period of duration of the entity is inaccurate or erroneously stated. The period of duration is corrected to read as follows:

Identification of Other Errors and Corrections

(Indicate the other errors and corrections that have been made by checking and completing the appropriate box or boxes.)

Other errors and corrections. The following inaccuracies and errors in the filing instrument are corrected as follows:

Add Each of the following provisions was omitted and should be added to the filing instrument. The identification or reference of each added provision and the full text of the provision is set forth below.

Alter The following identified provisions of the filing instrument contain inaccuracies or errors to be corrected. The full text of each corrected provision is set forth below:

Delete Each of the provisions identified below was included in error and should be deleted.

Defective Execution The filing instrument was defectively or erroneously signed, sealed, acknowledged or verified. Attached is a correctly signed, sealed, acknowledged or verified instrument.

Statement Regarding Correction

The filing instrument identified in this certificate was an inaccurate record of the event or transaction evidenced in the instrument, contained an inaccurate or erroneous statement, or was defectively or erroneously signed, sealed, acknowledged or verified. This certificate of correction is submitted for the purpose of correcting the filing instrument.

Correction to Merger, Conversion or Exchange

The filing instrument identified in this certificate of correction is a merger, conversion or other instrument involving multiple entities. The name and file number of each entity that was a party to the transaction is set forth below. (If the space provided is not sufficient, include information as an attachment to this form.)

Entity name SOS file number

Entity name SOS file number

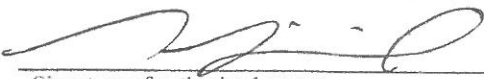
Effectiveness of Filing

After the secretary of state files the certificate of correction, the filing instrument is considered to have been corrected on the date the filing instrument was originally filed except as to persons adversely affected. As to persons adversely affected by the correction, the filing instrument is considered to have been corrected on the date the certificate of correction is filed by the secretary of state.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 2/11/2014

By: 
Signature of authorized person

Troy Shirriel
Printed or typed name of authorized person (see instructions)



Office of the Secretary of State

February 10, 2014

Attn: Troy Maurice Shirriel

Troy Maurice Shirriel
51768 Comanche Cir #2
Fort Hood, TX 76544 USA

RE: Ambiance Limousine and Transportation LLC
File Number: 801929507

It has been our pleasure to file the certificate of formation and issue the enclosed certificate of filing evidencing the existence of the newly created domestic limited liability company (llc).

Unless exempted, the entity formed is subject to state tax laws, including franchise tax laws. Shortly, the Comptroller of Public Accounts will be contacting the entity at its registered office for information that will assist the Comptroller in setting up the franchise tax account for the entity. Information about franchise tax, and contact information for the Comptroller's office, is available on their web site at <http://window.state.tx.us/taxinfo/franchise/index.html>.

The entity formed does not file annual reports with the Secretary of State. Documents will be filed with the Secretary of State if the entity needs to amend one of the provisions in its certificate of formation. It is important for the entity to continuously maintain a registered agent and office in Texas. Failure to maintain an agent or office or file a change to the information in Texas may result in the involuntary termination of the entity.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division
(512) 463-5555

Enclosure

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709



**Certificate of Formation
Limited Liability Company**

Filed in the Office of the
Secretary of State of Texas
Filing #: 801929507 02/07/2014
Document #: 528474470003
Image Generated Electronically
for Web Filing

Filing Fee: \$300

Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

Ambiance Limousine and Transportation LLC

Article 2 - Registered Agent and Registered Office

A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

Drawley Terwan

C. The business address of the registered agent and the registered office address is:

Street Address:

51768 Comanche Cir #2 Fort Hood TX 76544

Consent of Registered Agent

A. A copy of the consent of registered agent is attached.

OR

B. The consent of the registered agent is maintained by the entity.

Article 3 - Governing Authority

A. The limited liability company is to be managed by managers.

OR

B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the governing persons are set forth below:

Manager 1: **Terwan Crawley**

Title: **Manager**

Address: **51768 Comanche Cir #2 Fort Hood TX, USA 76544**

Manager 2: **Troy Shirriel**

Title: **Manager**

Address: **51768 Comanche Cir #2 Fort Hood TX, USA 76544**

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

Supplemental Provisions / Information

[The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer are set forth below.

Terwan Crawley 51768 Comanche Cir #2 Fort Hood, TX 76544

Effectiveness of Filing

A. This document becomes effective when the document is filed by the secretary of state.

OR

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Terwan Crawley

Signature of Organizer

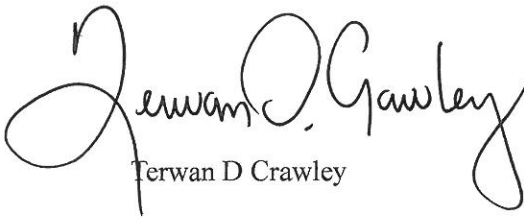
FILING OFFICE COPY

February 21, 2017

To the Mayor and Council Members of The City of Killeen:

Re: Ground transportation experience

I, Terwan D Crawley, have been operating various military vehicles over a span of 29 years. Those vehicles range from 1 ¼ ton to 10 ton vehicles with attached trailers. Over the course of the 29 year span, I have logged in over 20,000 miles.



Terwan D Crawley

J.

February 21, 2017

To the Mayor and Council Members of The City of Killeen:

Re: Description of proposed services

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.



Terwan D Crawley

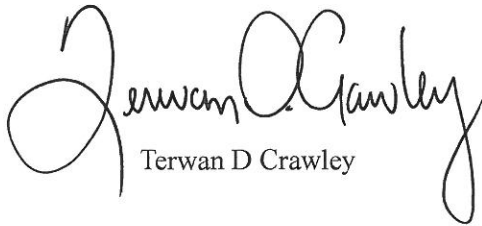
e,

February 21, 2017

To the Mayor and Council Members of The City of Killeen:

Re: Proposed rates

I, Terwan D Crawley, propose rates of service as follows: Hourly rates starting at \$85 per hour dependent upon the circumstances of requested services as well as the day of the week.



Terwan D Crawley



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/23/2017

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 Vaught Insurance Services PO Box 218870 Houston, Texas 77218-8870	CONTACT NAME: PHONE (A/C, No. Ext): 281-647-9100 FAX (A/C, No): 281-647-6633 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Ambiance Limousine & Transportation PO Box 940 Killeen, TX 76540	INSURER A :	
	INSURER B : Southern County Mutual 27863	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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 SUBR INSD WYD	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 <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	WP002801	05/01/16	05/01/17	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 RETENTION \$					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	Y/N	N/A			PER STATUTE OTH-ER 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)

See Vehicle Schedule

Certificate Holder is listed as Additional Insured with a 30-Day Notice of Cancellation

CERTIFICATE HOLDER Fax: 254-634-8399 ATTN: Diana Barker City of Killeen PO Box 1324 Killeen, Texas 76540-1329	CANCELLATION 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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TEXAS AUTOMOBILE INSURANCE IDENTIFICATION CARD

Name/Address of Insured
Nombre y direccion del Asegurado
Ambiance Limousine & Transportation
PO Box 940
Killeen, TX 76540

Agency Issuing Card
Agente
Vaught Insurance Services
PO Box 218870
Houston, Texas 77218-8870
281-647-9100

Policy Number - Numero de Poliza
WP002801

Effective Date Fecha Efectiva	Expiration Date Fecha de	Yr Año
5/1/2016	5/1/2017	2014

Insurance Company - Compania de Seguro
Southern County Mutual
Make/Model
Marca/Model
Chrysler 300 Stretch
Phone: (800) 328-5972
VIN
2C3CCAAG0EH135914

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds may provide coverage for other persons and other vehicles as provided by the insurance policy.

Esta póliza provee por lo menos la cantidad mínima de seguro de responsabilidad requerida por ley (Texas Motor Vehicle Safety responsibility Act) para el vehículo especificado y para los asegurados nombrados, y puede proveer cobertura para otras personas y otros vehículos según provisto en la póliza de seguro.

-----FOLD HERE-----

TEXAS LIABILITY INSURANCE CARD

Keep this card *

IMPORTANT: This card or a copy of your insurance policy must be shown when you apply for or renew your:

- * Motor vehicle registration
- * Driver's license
- * Motor vehicle safety inspection sticker

You may also be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

Tarjeta de Seguro de Responsabilidad de Texas. Guarde esta tarjeta.

IMPORTANTE: Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- * registro de vehículo de motor
- * licencia para conducir
- * etiqueta de inspección de seguridad para su vehículo

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide. Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y su registro de vehículo de motor, y la retención de su vehículo por un periodo de hasta 180 días (a un costo de \$15 por día).

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Agente
Vaught Insurance Services
PO Box 218870
Houston, Texas 77218-8870
281-647-9100

Policy Number - Numero de Poliza
WP002801

Insurance Company - Compania de Seguro
Southern County Mutual

Effective Date	Expiration Date	Yr
Fecha Efectiva	Fecha de	Ano
5/1/2016	5/1/2017	2011

Make/Model	Phone: (800) 328-5972
Marca/Model	VIN
Ford E-350 Van	1FDSS3BL9BDA10254

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- * etiqueta de inspeccion de seguridad para su vehiculo

Puede que usted tenga tambien que mostrar esta tarjeta o su poliza de seguro si tiene un accidente o si un oficial de la paz se la pide. Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehiculos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspension de su licencia para conducir y su registro de vehiculo de motor, y la retencion de su vehiculo por un periodo de hasta 180 dias (a un costo de \$15 por dia).

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PO Box 218870
Houston, Texas 77218-8870
281-647-9100

Policy Number - Numero de Poliza
WP002801

Insurance Company - Compania de Seguro
Southern County Mutual

Effective Date	Expiration Date	Yr
Fecha Efectiva	Fecha de	Ano
5/1/2016	5/1/2017	2011

Make/Model	Phone: (800) 328-5972
Marca/Model	VIN
Ford Econoline	1FBSS3BL58DA58892

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds may provide coverage for other persons and other vehicles as provided by the insurance policy.

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February 21, 2017

To the 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.



Terwan D. Crawley

February 21, 2017

To the 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.

A handwritten signature in black ink that reads "Terwan D. Crawley". The signature is written in a cursive style with a large initial 'T' and a long, sweeping tail on the 'y'.

Terwan D Crawley

Dianna Barker

From: Scott Dickson
Sent: Friday, February 24, 2017 7:50 AM
To: Dianna Barker; Margaret Young; Jonathan Locke
Cc: Kathy Davis
Subject: RE: Ambiance Limousine

Dianna,

I have reviewed the application. The Department holds no information that would lead me to believe we should deny the applicant(s) a permit for the activity described.

Scott D

Mr. Scott Dickson
Intelligence Manager
Killeen, Texas Police Department
sdickson@killeentexas.gov

From: Dianna Barker
Sent: Thursday, February 23, 2017 4:46 PM
To: Scott Dickson; Margaret Young; Jonathan Locke
Cc: Kathy Davis
Subject: Ambiance Limousine

Good afternoon,

Ground Transportation permits expire each year December 31st. Ambiance Limousine renewal was not submitted in a timely manner; therefore, it was denied, as per the ordinance.

Ambiance Limousine has submitted a new application that will need to go before City Council for approval.

Please review the attached documents and let me know if you see any problem with issuing Ambiance Limousine a Ground Transportation permit.

Thanks,

Dianna Barker
City Secretary/Deputy Court Clerk
City of Killeen
PO Box 1329
Killeen, TX. 76540
254/501-7717