



APPLICATION FOR OPERATING AUTHORITY FOR TAXI CABS AND GROUND TRANSPORTATION SERVICES

Chapter 29, Article 2 of the City of Killeen Code of Ordinances

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

1. Business/Trade Name: FROM TEN TIL TWO LIMOUSINE BUS LLC
 Business Address: 402 N 8th STREET SUITE 122, KILLEEN TX 76541
 Mailing Address: 402 N 8th STREET SUITE 122, KILLEEN TX 76541
 E-mail: TyreilBrereton0824@gmail.com Telephone #: (737) 968 9701

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

☒ Limousine Service ☐ Airport Shuttle Service ☐ Other _____
☐ Shuttle Service ☐ Charter Service ☐ Taxi Cab

3. Business Owner(s) Information:

Name: Tyreil L. Brereton Driver's License # [REDACTED]
 Name: Latretha N. Jackson Driver's License # [REDACTED]
 Name: _____ Driver's License # _____

4. Number of permits requested for each service vehicle:

Limousine 1 Airport Shuttle _____ Shuttle _____
 Charter _____ Other _____ Taxi Cab _____

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) 2002	ERHT	BUS	Body BU	30	L		
2)							
3)							
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.: VAUGHT INSURANCE SERVICES
 Agent Name: MAYRA JIMENEZ
 Agent Phone #: (281) 647-9100 Agent Insurance License #: 15060

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

- ✓ > Current State of Texas registration on each service vehicle;
- ✓ > The proposed rate of fare.
- ✓ > A certificate of insurance as proof of insurance coverage listing the City of Killeen as additional insured.

For Taxi Cab services only:

Color scheme of vehicles: _____

Attach a description of the taximeter proposed to be used and a current rate card.

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

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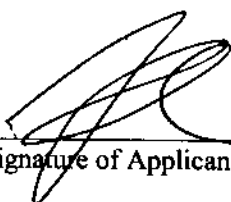
Fees submitted upon approval of operating authority:

Vehicle permit - \$50.00/vehicle
 Airport permit - \$40.00/vehicle (if applicable)
 Driver permit - \$25.00/driver (this fee is collected by the Killeen Police Department)

All drivers must go to the Killeen Police Department headquarters, *Records department*, located at 3304 Community Boulevard in Killeen 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).

See Section 29-22, Driver Qualifications, for regulations/requirements on service vehicle drivers.

I, Tyrell L. Breerton, 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.

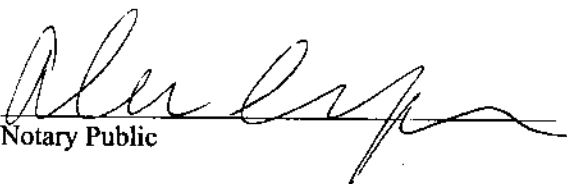
Signature of Applicant  Title Owner Date 11 April 2022

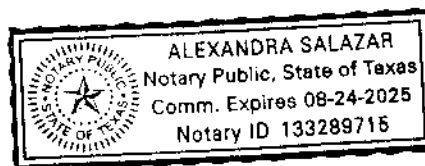
THE STATE OF TEXAS

COUNTY OF BELL

BEFORE ME, the undersigned authority, on this day appeared Tyrell Breerton, 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, 11th day of April, 2022


 Notary Public



Application must go to the city council for approval after City Manager approval.



Texas Department of Motor Vehicles

TITLE APPLICATION RECEIPT

DUPLICATE

PROCESSING COUNTY: BELL TAC NAME: SHAY LUEDEKE
 RESIDENT COUNTY: BELL DATE: 04/08/2022 EFFECTIVE DATE: 04/08/2022
 PLATE NO: [REDACTED] TIME: 04:43PM EXPIRATION DATE: 3/2023
 DOCUMENT NO: 01425244657164342 EMPLOYEE ID: KILN007 TRANSACTION ID: 01425244657164342
 PREV DOC NO: 22042040469102216 P

RENEWAL RECIPIENT NAME AND ADDRESS
 TYRELL LESLIE BRERETON
 402 N 8TH STREET SUITE 122
 KILLEEN, TX 76541

OWNER NAME AND ADDRESS
 FROM TEN TILL TWO LIMOUSINE
 BUS LLC
 402 N 8TH STREET SUITE 122
 KILLEEN, TX 76541

VEHICLE LOCATION ADDRESS
 305 VIOLA DR
 KILLEEN, TX 76542

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

VEHICLE IDENTIFICATION NO: [REDACTED] 0190 VEHICLE CLASSIFICATION: BUS
 YR/MAKE: 2002/FRHT MODEL: BUS BODY STYLE: BU UNIT NO:
 EMPTY WT: 16140 CARRYING CAPACITY: 8000 GROSS WT: 24140 TRAILER TYPE:
 BODY VEHICLE IDENTIFICATION NO: TVL TRLR L/W/SQFT: 0'0"
 PREV OWNER NAME: CITY CHAPEL PREV CITY/STATE: ARLINGTON, TX

INVENTORY ITEM(S) YR
 WINDSHIELD STICKER 2023

VEHICLE RECORD NOTATIONS
 DIESEL
 PAPER TITLE
 MAJOR COLOR: BLACK

FEES ASSESSED	
TITLE APPLICATION FEE	\$ 13.00
TERP TITLE FEE	\$ 15.00
DELO TRANS PENALTY 2008	\$ 250.00
SALES TAX FEE	\$ 312.50
SALES TAX EMISSION FEE 14	\$ 50.00
SALES TAX PENALTY FEE	\$ 31.25
WINDSHIELD STICKER	\$ 205.00
REG FEE-DPS	\$ 1.00
CNTY ROAD BRIDGE ADD-ON FEE	\$ 10.00
CHILD SAFETY FUND	\$ 1.50
INSPECTION FEE-CW	\$ 22.00
PROCESSING AND HANDLING FEE	\$ 4.75
TOTAL	\$ 916.00

ODOMETER READING: EXEMPT BRAND:
 OWNERSHIP EVIDENCE: TEXAS TITLE
 1ST LIEN

2ND LIEN

3RD LIEN

SALES TAX CATEGORY: SALES/USE

Date of Assignment/Sales Tax Date:	01/28/2019
Sales Price	\$ 5,000.00
Less Trade In Allowance	\$ 0.00
Taxable Amount	\$ 5,000.00
Sales Tax Paid	\$ 312.50
Less Other State Tax Paid	\$ 0.00
Tax Penalty	\$ 31.25
TOTAL TAX PAID	\$ 343.75
Batch No: 2524465701	Batch Count: 16

THIS RECEIPT IS YOUR PROOF OF APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION.

DUPLICATE



03 23

BELL

VOID
 DO NOT USE/
 NO USE



402 N 8TH STREET, SUITE 122
KILLEEN, TEXAS 76541

April 10, 2022

Subject: Proposed Rates

Dear Mayor and Council Members of the City of Killeen:

I, Tyrell L. Brereton, propose rates of service as follows: Per Person rates starting at \$100, Friday and Saturday from 8 pm-3 am; Hourly rates starting at \$200 per hour, Sunday through Thursday rates may change 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 757.968.9701.

Sincerely,

Tyrell L. Brereton
Manager



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/11/2022

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/ Vaught Insurance Services 840 Gessner Suite 700 Houston TX 77024	CONTACT NAME: Mayra Jimenez PHONE (A/C, No, Ext): 281-647-9100 FAX (A/C, No): 281-647-6633 E-MAIL ADDRESS: mayra@vaughtinsurance.com
INSURED From Ten Till Two Limousine Bus LLC 402 N 8th Street Suite 122 Killeen TX 76541	INSURER(S) AFFORDING COVERAGE INSURER A: National Liability & Fire Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
License#: 1435292 FROMTEN-01	NAIC #

COVERAGES

CERTIFICATE NUMBER: 1819306924

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	ADOL INSD	SUBR WVD	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			2/2/2022	2/2/2023	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"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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)

2002 Freightliner Bus 0190

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

CERTIFICATE HOLDER

CANCELLATION

City of Killeen
101 N College St
Killeen TX 76541

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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