



CITY OF KILLEEN

# **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: AERO NAUTICAL SERVICES, LLC (ANS)  
 Business Address: 203 REDWOOD CIRCLE HARKER HEIGHTS, TX 76548  
 Mailing Address: SAME  
 E-mail: FWEEEDON@HOT.M.COM Telephone #: (254) 690-6725

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: FERMAN R WEEEDON JR. Driver's License # [REDACTED]  
 Name: GENEVA A WEEEDON Driver's License # [REDACTED]  
 Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

4. Number of permits requested for each service vehicle:

Limousine \_\_\_\_\_ Airport Shuttle 2 Shuttle \_\_\_\_\_  
 Charter 2 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)							
2)	<b>ATTACHED</b>						
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.: Attached
- Agent Name: \_\_\_\_\_
- Agent Phone #: \_\_\_\_\_ Agent Insurance License #: \_\_\_\_\_

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: \_\_\_\_\_

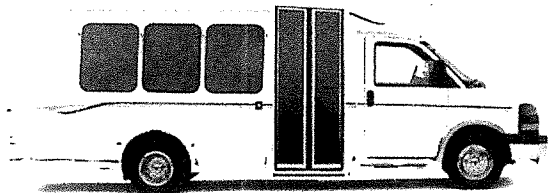
Attach a description of the taximeter proposed to be used and a current rate card.

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

**Aero-Nautical Services, LLC**

**Fleet Vehicles 1/11/2019**

CHEVY	2007	TURTLE TOP XL		13	WHITE
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AIRPORT SHUTTLE  
CHARTER SERVICE

MERCEDES	2010	MERCEDES SPRINTER		11	SILVER
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AIRPORT SHUTTLE  
CHARTER SERVICE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/17/2019

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: Mayra Jimenez

PHONE (A/C No, Ext): 281-647-9100

FAX (A/C No): 281-647-6633

E-MAIL ADDRESS: mayra@vaughtinsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A:

INSURER B: Southern County Mutual

27863

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**INSURED**

Aero-Nautical Services LLC  
203 Redwood Circle  
Harker Heights, TX 76548

**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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER					PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$
	OTHER:					PRODUCTS - COMP/OP AGG \$
						\$
B	<b>AUTOMOBILE LIABILITY</b>	X		08/08/18	08/08/19	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> PIP- \$2,500				\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N				PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E L EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

2007 Chevrolet Express 350 Van

2010 Mercedes-Benz Sprinter

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

**CERTIFICATE HOLDER**

City of Killeen  
City Secretary  
101 N. College Station  
Killeen TX 76541

**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

Mary Vaught

**AERO-NAUTICAL SERVICES, LLC [ANS]  
203 REDWOOD CIRCLE HARKER HEIGHTS, TX 76548  
254-690-6725 FAX:254-690-1323**

# **RATE SHEET**

AERO-NAUTICAL SERVICES, LLC IS A LOCAL COMPANY THE PROVIDES SERVICES TO AND FROM THE KILLEEN AIRPORT AND THE FORT HOOD MILITARY AIRPORT. WE HAVE BEEN OPERATING FOR 15 YEARS. BELOW YOU WILL FIND THE FEES WE CHARGE.

**RATES:** \$15.00 FOR 1 ADULT (ADULT MEANING 13 YEARS OF AGE OR OLDER. THERE IS A \$5.00 FEE FOR EACH ADDITIONAL ADULT. NO CHARGE FOR CHILDREN UNDER 13.

**EXAMPLE:** 3 ADULTS AND 5 CHILDREN UNDER 13 YEARS OF AGE= \$25.00 CASH OR CREDIT CARD.

**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, FERMAN R WEEDON JR, 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.

Ferman R Weedon Jr.  
 Signature of Applicant

OWNER  
 Title

1-11-2019  
 Date

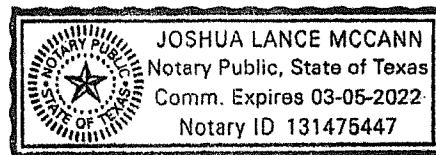
THE STATE OF TEXAS

COUNTY OF BELL

BEFORE ME, the undersigned authority, on this day appeared Ferman Weedon Jr., 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, 11 day of Jan., 20 19.

Joshua Lance McCann  
 Notary Public



*Application must be submitted to council for approval and City Manager approval.*