CITY OF JOPLIN, MISSOURI

VEHICLE FOR HIRE LICENSE APPLICATION

I. INSTRUCTIONS

1) Provide all information requested below

2) Present proof of insurance coverage on the vehicle being licensed.

3) Present state safety inspection certificate for the vehicle being licensed performed within 90 days of the application date.

4) Remit license fee of $50.00. Please make all checks payable to:
"The City of Joplin"

NAME OF OWNER/OPERATOR: Milton Dupard JR

D/B/A: _____

BUSINESS ADDRESS: 133 Red Oak Dr, Carl Junction Mo 64834

BUSINESS PHONE NUMBER: 417-483-0217

VEHICLE OWNER'S NAME: Milton Dupard JR
(If different than owner/operator named above, provide copy of written lease agreement)

CLASSIFICATION: (Check one)

Taxicab X Limousine _____ Luxury Sedan _____
Shuttle Service _____ Luxury/Custom Van _____

VEHICLE INFORMATION:

YEAR 2014 MAKE Town & Country
MODEL Chrysler PASSENGER CAPACITY 7
VIN 2C4RC1CGXER188228
STATE CERTIFICATE OF TITLE NUMBER _____

Milton Dupard
APPLICANT'S SIGNATURE

1/6/23
DATE

FOR FINANCE DEPARTMENT USE ONLY:

LICENSE NUMBER ISSUED: _____

APPROVED BY: _____ DATE: _____

CITY OF JOPLIN
602 SOUTH MAIN
JOPLIN MO 64801

PHONE: (417) 624-0820 ext. 1242 FAX: (417) 624-4620
hhitchco@joplinmo.org

BUSINESS LICENSE APPLICATION

YOU MAY NOT CONDUCT BUSINESS UNTIL BUSINESS LICENSE IS APPROVED AND ISSUED. ANY PERSON WHO KNOWLINGLY MAKES A FALSE STATEMENT IN THE APPLICATION FOR A LICENSE SHALL BE DEEMED GUILTY OF A MISDEMEANOR. (ORD. NO. 2008-030)

Please Print or Type All Information Date: 1-3-23

Business Name: My Transportation LLC

Business Location Address: 133 Red Oak dr Suite Number: _____

City Carl Junction State MO Zip 64834

Business Phone Number: 417-423-0217 Fax Number: _____

Business Mailing Address: 133 Red Oak dr Carl Junction Mo 64834

Type and Nature of Business: Taxi Service

LLC OR INCORPORATION? X YES* _____ NO

*(IF YES, PLEASE ATTACH A COPY OF THE ARTICLES OR A CERTIFICATE OF GOOD STANDING FROM THE SECRETARY OF STATE)

Owner Name: Milton Dupard Jr Owner Phone Number: 417-291-8821
If more than one owner, please use back of form.

Owner Home Address: 133 Red Oak dr City Carl Junction MO State 64834 Zip _____

Home Based Business: _____ Yes X No Date of Opening: 2/1/2023

Federal I.D. No.: 84-4538983

Missouri State Sales Tax I.D. Number: _____

Required to Carry Worker's Compensation Insurance under Mo. State Law
_____ Yes X No (If yes, please attach copy of certificate of insurance)

Print Name of Applicant: Milton Dupard

Signature of Applicant: Milton Dupard

Title of Applicant: Owner

Applicant Email: mytransportation7@gmail.com

CITY OF JOPLIN STATE OF MISSOURI

State of Missouri
John R. Ashcroft, Secretary of State
Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

LC001687909
Date Filed: 1/30/2020
John R. Ashcroft
Missouri Secretary of State

Articles of Organization

(Submit with filing fee of $105.00)

1. The name of the limited liability company is
My Transportation LLC
(Must include "Limited Liability Company," "Limited Company," "LC," "L.C.," "L.L.C.," or "LLC")

2. The purpose(s) for which the limited liability company is organized:

Transportation services

3. The name and address of the limited liability company's registered agent in Missouri is:

Name	Street Address: May not use PO Box unless street address also provided	City/State/Zip
Milton Dupard	133 Red Oak Dr	Carl Junction MO 64834

4. The management of the limited liability company is vested in: ☐ managers ☒ members *(check one)*

5. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual: Perpetual
(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)

6. The name(s) and street address(es) of each organizer *(PO box may only be used in addition to a physical street address)*:
(Organizer(s) are not required to be member(s), manager(s) or owner(s)

Name	*Address*	*City/State/Zip*
Dupard, Milton	133 Red Oak Dr	Carl Junction MO 64834

7. ☐ Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series in its operating agreement. The names of the series must include the full name of the limited liability company and are the following:

New Series:
☐ The limited liability company gives notice that the series has limited liability.

New Series:
☐ The limited liability company gives notice that the series has limited liability.

New Series:
☐ The limited liability company gives notice that the series has limited liability.

(Each separate series must also file an Attachment Form LLC 1A.)

Name and address to return filed document:

Name: Brandie Gouley

Address: Email: brandie@totallegal.com

City, State, and Zip Code:

8. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: :

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

All organizers must sign:

Milton Dupard	MILTON DUPARD	01/30/2020
Organizer Signature	*Printed Name*	*Date of Signature*

STATE OF MISSOURI

John R. Ashcroft
Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

My Transportation LLC
LC001687909

filed its Articles of Organization with this office on the 30th day of January, 2020, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 30th day of January, 2020, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 30th day of January, 2020.

Secretary of State

MYTRANS-01 ASHSH1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/5/2023

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	CONTACT NAME: Colt Atwood	
Specialty Risk Insurance 2023 S. Garrison Carthage, MO 64836	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: Coltatwood@prevent-risk.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Progressive Northern Insurance Co	38628
INSURED My Transportation Services, LLC 133 Red Oak Drive Carl Junction, MO 64834	INSURER B :	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	[ ] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	[ ] OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[X] ANY AUTO			964803482	1/5/2023	1/5/2024	BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	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)

CERTIFICATE HOLDER

City of Joplin
602 S Main St
Joplin, MO 64801

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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JOPLIN

POLICE

303 E. 3rd Street Joplin, MO. 64801-2274 417-623-3131 Fax 417-625-4733

Sloan Rowland
Chief of Police

RENEWAL April 2022 to April 2023

TO: Hailee Hitchcock
License Clerk
Finance Department

FROM: Leslie Haase
Finance Director

DATE: July 18, 2022

SUBJ: Taxi License
My Transportation

NAME: Milton Dupard Jr
133 Red Oak Dr
Carl Junction, MO 64834

The above subject has applied for a Taxi License and has been cleared in our department with no discrepancy in his/her application. The subject is eligible for a Taxi License.

Respectfully,

CITY OF JOPLIN

Leslie Haase
Finance Director

LH: ccg

cc: File

Rate Schedule

tart/Destinatio	End Destination	at rate Fare cost one	pprox Distanc	stimated Tim	ours of Operatio	Days of operat	nthly Subscription (1-3 mi	enthly Subscriptions (4-8 mi	enthly Subscriptions (5-10 mi	nthly Subscriptions (10-20 miles)
Joplin	Joplin	$7	1-3 miles	1-5min	24hrs scheduled	7 Days per week	20($5) Trips=$100.00	10 Trips-$100.00	40($15)Trips=$600.00	40($20) Trips=$800.00
Joplin	Joplin	$10	4-8 miles	5-9 min	24hrs scheduled	7 Days per week	40($5)Trips=$200.00	20 Trips $200.00	30($15)Trips=$450.00	30($20)Trips=$600.00
Joplin	Carl Junction	$15	9 miles	13 min				30 Trips $300.00	20($15)Trips=$300.00	20($20)Trips-$400.00
Joplin	Web City	$15	7 miles	12 min				40 trips= $400.00	10($15)Trips=$150.00	10($20)Trips=$200.00
Joplin	Oronogo	$20	10 miles	14 min					5($15)Trips=$75.00	5($20)Trips=$100.00
Joplin	Carthage	$30	18 miles	22 min						
Joplin	Neosho	$45	24 miles	30 min						
Joplin	Sarcoxie	$45	24 miles	28 min						
joplin	Duquesne	$10.00	4 miles	7 min						
joplin	Duenweg	$10.00	6 miles	10 min						
Joplin	Downstream Casino	$20.00	11 miles	15 min						
Carl Junction	Downstream Casino	$30.00	17 miles	24 min						
Web City	Downstream Casino	$35.00	20 miles	20 min						
Carterville	Downstream Casino	$35.00	20 miles	20 min						
Carthage	Downstream Casino	$50.00	27 miles	27 min						
Joplin	Springfield MO Airport	$120.00	67 miles	1hr 5min						
Joplin	Joplin Airport	$15.00	6 miles	10 min						
Joplin	KC Airport	$300	168 miles	2hr 40 min						
Joplin	Tulsa Airport	$190.00	108 miles	1hr 36min						
Carl Junction	Kansas Crossing Casino	$33.00	18 miles	22 min						
Joplin	Kansas Crossing Casino	$45.00	25 miles	30 min						
Web City	Kansas Crossing Casino	$43.00	24 miles	30 min						
Carthage	Kansas Crossing Casino	$54.00	30 miles	36 min						
Joplin	plin Greyhound Bus stati	$10.00	6 miles	10 min						
Carl Junction	plin Greyhound Bus stati	$15.00	13 miles	18 min						
Web City	plin Greyhound Bus stati	$15.00	6 miles	9 min						
Carthage	plin Greyhound Bus stati	$24.00	13 miles	16 min						
Carterville	plin Greyhound Bus stati	$15.00	6 miles	8 min						
Neosho	plin Greyhound Bus stati	$34.00	19 miles	23 min						
Sarcoxie	plin Greyhound Bus stati	$34.00	19 miles	21 min						

Missouri Motor Vehicle Inspection
APPROVAL NOTICE

SEE INFORMATION ON REVERSE SIDE

VEHICLE OWNER'S NAME: Dupuis	TIME INSPECTION STARTED: 800
STREET: 133 Redoak Dr.	TIME INSPECTION ENDED: 819
CITY: Carthage	COUNTY: Jasper

VEH YR	MAKE	MODEL	ODOMETER READING (REQUIRED)	LICENSE NUMBER
14	Chry	TC	178414	MG3K5C

VEH ID NO: 2C4RC1CG9ER188225

BODY STYLE
☐ Car ☐ School Bus ☐ Truck (GVW < 8500 lbs.) ☐ Autocycle
☑ SUV ☐ Motorcycle ☐ Truck/Bus (GVW = 8500+)

FUEL TYPE
☑ Gas ☐ Diesel ☐ Other
☐ Electric ☐ Hybrid

DEFECTS

CODE	DEFECTIVE PART	PART COST	LABOR COST	TOTAL

☐ ID / OD VERIFICATION

BRAKE INSPECTED: ☐ LF ☑ RF ☐ LR ☐ RR

TOTAL COST: $

I hereby attest I completed a proper safety inspection of the above-referenced vehicle, in accordance with Missouri Motor Vehicle Safety Inspection Regulations. (Refer to the MVI &/or school bus regulations manuals as needed.)

INSPECTOR/MECHANIC PERMIT NUMBER: 1200731	INSPECTOR/MECHANIC SIGNATURE: Shannon Smith
INSPECTION STATION NAME: Downtown Lube	INSPECTION STATION NUMBER: 044269
INSPECTION STATION CITY: Joplin	INSPECTION DATE: DEC 30 22

REPAIR AUTHORIZATION: I realize total repair cost is an estimate and repairs are not required to be completed at this station; I authorize the above establishment to repair my vehicle.

VEHICLE OWNER SIGNATURE	REINSPECTION DATE
REINSPECTOR'S INSPECTOR/MECHANIC NUMBER	REINSPECTOR'S SIGNATURE
STICKER/DECAL NUMBER: BZ78639	CONTROL NUMBER: C 0716008

SHP-499V

MVI-2 07/19

MISSOURI AUTO INSURANCE IDENTIFICATION CARD

INSURANCE COMPANY NAME AND ADDRESS

[X] COMMERCIAL [ ] PERSONAL

Progressive Northern Insurance Co
PO Box 31260
Tampa, FL 33631

POLICY NUMBER
964803482

EFFECTIVE DATE
01/05/2023

EXPIRATION DATE
01/05/2024

YEAR
2014

MAKE/MODEL
Chrysler Town & Country

VEHICLE IDENTIFICATION NUMBER
2C4RC1CGXER188228

AGENCY/COMPANY ISSUING CARD
Specialty Risk Insurance
2023 S. Garrison
Carthage, MO 64836

INSURED NAME AND ADDRESS

My Transportation Services, LLC
133 Red Oak Drive
Carl Junction, MO 64834

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 MO (2007/05)

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