INDEPENDENT VEHICLE BUSINESS (IVB) – APPLICATION ADDENDUM

I, [PRINTED NAME OF IVB APPLICANT] _____, HEREBY ACKNOWLEDGE AND AGREE AS FOLLOWS:

1. I am applying for a DFHV license for a [CHECK ONE]: ___ Independent Taxicab Vehicle Business OR ___ Independent Luxury Vehicle Business (collectively, "IVB license").

2. ***An IVB license will enable me to title and register a public vehicle-for-hire with the D.C. Department of Motor Vehicles as an independent-owner operator only,*** subject to all regulations and administrative issuances of DFHV, and other applicable District laws, with the IVB and me as co-owners on the title and registration.

3. An IVB does not alter my other legal rights and obligations as an independent owner-operator. I must still comply with all DFHV applicable laws, regulations, and policies, including vehicle licensing policies, the same as District residents.

4. ***An IVB license is not a medallion and is non-transferrable.*** I will not sell, bequeath, or otherwise transfer or attempt to transfer my IVB license. I hereby stipulate and agree that any transfer will immediately render my IVB license null and void.

5. *An IVB may not be used by a District resident. If I move* into the District, I agree to retitle my vehicle my vehicle in my own name (with the IVB removed from the title and registration), as required by Title 31 of the DCMR.

6. An IVB is a legal entity considered by DFHV ***(but not by DCRA or other government entities)*** to be my legal *alter ego*, meaning, among other things, that DFHV considers me and the IVB to be legally one and the same. Therefore—

   a. DFHV enforcement actions against my IVB may be considered to be brought against me, and vice-versa;

   b. ***Service of a notice or order by DFHV (including a Notice of Infraction, Notice of Proposed Suspension or Revocation, and/or Order of Immediate Suspension) upon the IVB at its D.C. address on file with DFHV shall be binding and effective upon <u>me</u>, to the same extent as if it were personally served upon me, and <u>vice-versa</u>;*** and

   c. Where a provision of Title 31 of the D.C. Municipal Regulations authorizes the imposition of a civil penalty upon the IVB or upon me, DFHV may apply either penalty to me alone.

7. ***I will keep my and my IVB's contact information up-to-ate with DFHV, as required by Title 31 of the DCMR.***

I DO SOLEMNLY SWEAR OR AFFIRM SUBJECT TO THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

_____	_____	_____
SIGNATURE OF IVB APPLICANT	PRINTED NAME OF APPLICANT	DATE

_____	_____
APPLICANT HOME ADDRESS (IN MD OR VA)	CELLPHONE

_____	_____
IVB FULL LEGAL NAME	IVB REGISTERED TRADE NAME (IF ANY)

_____	_____
IVB BUSINESS ADDRESS (IN D.C.)	IVB PHONE NUMBER

DO NOT MARK BELOW THIS LINE – FOR DFHV USE ONLY

rev. 5-31-17

SIGNATURE OF APPROVING OFFICIAL:_____

PRINTED NAME OF APPROVING OFFICIAL:_____

DATE:_____ IVB#_____

VOID UNLESS STAMPED HERE BY DFHV