



# Bridgeport Shared Mobility Pilot Program Application

City of Bridgeport

THE OFFICE OF PLANNING AND ECONOMIC DEVELOPMENT (“OPED”) WILL ADMINISTER A ONE-YEAR PILOT FOR THE REGULATION OF SHARED MOBILITY DEVICES BEGINNING SEPTEMBER 17, 2019 THROUGH NOVEMBER 30, 2020 (“THE PILOT PERIOD”). THE PILOT PERIOD WILL HELP THE CITY DETERMINE WHETHER SHARED MOBILITY DEVICES CAN SUPPORT THE CITY’S POLICY GOALS. THE CITY ONLY INTENDS TO ALLOW PROVIDERS TO OPERATE DURING THE PILOT PERIOD. PROVIDERS MUST SUBMIT AN APPLICATION AND RECEIVE APPROVAL THEREOF TO OFFER SHARED MOBILITY DEVICES FOR COMMERCIAL PURPOSES IN BRIDGEPORT. THE OPERATION OF A SHARED MOBILITY DEVICE IS A PRIVILEGE, NOT A RIGHT.

COMPANY NAME	
BUSINESS ADDRESS	MAILING ADDRESS (IF DIFFERENT THAN BUSINESS ADDRESS)
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
BRIDGEPORT REGISTERED TRADE NAME	CT BUSINESS ID NUMBER
PRIMARY CONTACT NAME	TITLE
PHONE NUMBER	EMAIL ADDRESS
ALTERNATE CONTACT NAME	TITLE
PHONE NUMBER	EMAIL
GENERAL CONTACT PHONE NUMBER	GENERAL CONTACT EMAIL ADDRESS

### SUBMISSION ATTACHMENTS:

APPLICATION FEE		SHARED MOBILITY DEVICES DESCRIPTION	
CITY OF BRIDGEPORT TRADE NAME REGISTRATION		FLEET DESCRIPTION	
SECRETARY OF STATE REGISTRATION		SYSTEM FEE PLAN – INCLUDING LOW-INCOME PROGRAM	
INSURANCE POLICY		CASH-BASED PAYMENT OPTION PLAN	
COMPANY OVERVIEW		HELMET DISTRIBUTION PLAN	
COMPANY PRIVACY POLICY		LOCAL AGENCT CONTACT INFORMATION	

I CERTIFY, BY SIGNING BELOW, EACH CRITERION OUTLINED IN APPLICATION TERMS AND CONDITIONS HAS BEEN MET, WILL BE MET, AND WILL BE CORRECT AND ACCURATE SHOULD AN AUDIT BE CONDUCTED BY OPED. THE APPLICANT AGREES TO PARTICIPATE IN THE EVALUATION OF THE PILOT PERIOD BY DISTRIBUTING A CITY SURVEY TO ITS USERS, IF REQUESTED. FAILURE TO COMPLY WITH THE APPLICATION TERMS AND CONDITIONS MAY RESULT IN ONE OR MORE OF THE FOLLOWING: CIVIL PENALTY, DEVICE IMPOUND, SUSPENSION OR REVOCATION OF THE VENDOR’S SHARED MOBILITY PILOT PERMISSION. I FURTHER AGREE TO INDEMNIFY, DEFEND, AND HOLD THE CITY OF BRIDGEPORT AND ITS ELECTED OFFICIALS, OFFICERS, EMPLOYEES, AND AGENTS HARMLESS FROM AND AGAINST ALL CLAIMS ARISING FROM, IN WHOLE OR IN PART, THE APPLICANT’S OPERATIONS UNDER THIS APPLICATION, INCLUDING ANY LOSS CAUSED BY SIDEWALK AND/OR ROAD CONDITIONS.

FURTHERMORE, I ACKNOWLEDGE, BY SIGNING BELOW, THE AUTHORITY OF THE CITY OF BRIDGEPORT TO REGULATE AND MANAGE ITS RIGHT OF WAY, INCLUDING THE OPERATION OF THE APPLICANT’S BUSINESS. THE APPLICANT AGREES AND ACKNOWLEDGES THAT LOCAL CONTROL OF THE RIGHT OF WAY IS ESSENTIAL FOR THE CITY TO ENSURE PUBLIC SAFETY AND THUS, AN IMPORTANT GOVERNMENT FUNCTION.

PRINT NAME	SIGNATURE
TITLE OF SIGNOR	DATE