

#0016
\$250.00

CITY of ORANGE BEACH
FRANCHISE APPLICATION
For Taxi and/or Limousine Service

☒ NEW
☐ RENEWAL

Legal Name of Business Gulf Logistics, LLC
Applicant's Name BRYANT R MOCK
Mailing Address 330 W FT MORGAN RD #7A GULF SHORES AL 36542
Physical Address of Terminal (Office) SAME
Physical Address Vehicle Storage U-OWN-IT STORAGE 4387 WILLIAM SILVERS PIKE ORANGE BEACH AL 36561
Telephone 251 942 2040 E-Mail bryant@gulflimos.com
Type of Franchise Requested LIMOUSINE SERVICE
Number of Vehicles Operating 2

Owner/Officers	Address	DOB
BRYANT R MOCK	330 W FT MORGAN RD #7A GULF SHORES AL 36542	10-9-67

Drivers	Address	DOB
JOE PHILLIPS	24310 PERDIDO BCH BLVD #402B D.B. AL	1-2-53
CLAUDIA ARNOLD	12651 CO. RD 26 FOLEY AL	5-9-68
BRYANT R MOCK	330 W FT MORGAN RD #7A G.S. AL	10-9-67

\$250.00 NON-REFUNDABLE APPLICATION FEE SHALL BE PAID WITH APPLICATION

DATE PAID 8/12/19

1. Attach copy of driver's license for ALL owners, officers and drivers.
 2. Attach at least two (2) completed Applicant Reference Forms, for applicant and each owner/officer.
 3. Attach a copy of proof of insurance showing City of Orange Beach as additional insured.
 4. Attach a financial statement showing in detail applicant's current financial condition.
- ~~Alabama Public Service Commission Permit No. _____ (For transport of passengers outside the~~

Alabama Public Service Commission Permit No. _____ (For transport of passengers outside the corporate limits of Orange Beach/Gulf Shores.)
If applied for, please indicate date of application N/A

Interstate Commerce Commission Permit No. _____ (For transport of passengers outside the State of Alabama)
If applied for, please indicate date of application N/A

Applicant has read and understands City of Orange Beach Code of Ordinance Chapter 70 article VI and agrees to comply with all requirements to operate in the city.

Applicant agrees to pay all costs and expenses incurred by the City in preparation of the Franchise agreement and the enactment of the enabling ordinance, to include attorney's fees for drafting of the Franchise agreement.

APPLICANT UNDERSTANDS THAT THE FILING OF THIS APPLICATION DOES NOT, IN ITSELF, CONSTITUTE AUTHORITY TO OPERATE AND WILL SUBMIT SUCH ADDITIONAL INFORMATION IN CONNECTION WITH THIS APPLICATION AS THE COUNCIL MAY REQUIRE.

Applicant Signature

[Signature]

Date

5-21-19

BRAZZELL INS AGY LLC
3859 GULF SHORES PK#1
GULF SHORES, AL 36542

PROGRESSIVE
COMMERCIAL

Named insured

GULF LOGISTICS LLC
330 W FORT MORGAN RD APT 7A
GULF SHORES, AL 36542

Policy number: 00408735-0

Underwritten by:
Progressive Specialty Insurance Co
February 21, 2019
Policy Period: Feb 8, 2019 - Feb 8, 2020
Page 1 of 2

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-251-967-4968

BRAZZELL INS AGY LLC

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your policy information has changed

Your coverage began the later of February 8, 2019 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on February 8, 2020 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852AL (11/07), 4757AL (11/07), 1198 (01/04), 4852AL (10/04), 4881AL (05/11) and Z228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,551
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Uninsured/Underinsured Motorist	\$25,000 each person/\$50,000 each accident		1,240
Medical Payments	\$2,000 each person		210
Comprehensive			730
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,345
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$7,076
Fees			60
Total 12 month policy premium and fees			\$7,136

Rated drivers

1. CLAUDIA ARNOLD
2. JOE PHILLIPS
3. BRYANT MOCK

Auto coverage schedule

1. **2017 Toyota Sienna** Stated Amount: *\$22,000 (including Permanently Attached Equip)
VIN: 5TDYZ3DC4HS792502 Garaging Zip Code: 36542 Radius: 200

Liability Premium	Liability \$1,857	UM/UIM BI \$689	Med Pay \$124		
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$439	Collision Deductible \$1,000	Collision Premium \$1,117	Auto Total \$4,226

2. **2007 Lincoln Town Car** Stated Amount: *\$18,000 (including Permanently Attached Equip)
VIN: 1L1FM88W07Y623455 Garaging Zip Code: 36542 Radius: 200

Liability Premium	Liability \$1,694	UM/UIM BI \$551	Med Pay \$86		
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$291	Collision Deductible \$1,000	Collision Premium \$228	Auto Total \$2,850

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

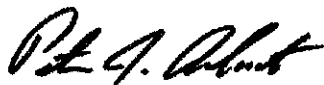
Premium discount

Policy	
00408735-0	Package

Additional Insured information

- | | | |
|----|--------------------|---|
| 1. | Additional Insured | CITY OF FOLEY ALABA
PO BOX 1700 FOLEY, AL 36535 |
| 2. | Additional Insured | CITY OF GULFSHORES
PO BOX 3908 GULFSHORES, AL 36547 |
| 3. | Additional Insured | CITY OF ORANGE BEAC
4151 ORANGE BEA ORANGE BEACH, CA 36561 |

Company officers



Secretary



Policy number: 004087350

Underwritten by:

Progressive Specialty Insurance Co.

02/07/2019

Certificate of Insurance

Certificate Holder Additional Insured	Insured	Agent
CITY OF ORANGE BEACH ALABAMA 4151 ORANGE BEACH BLVD ORANGE BEACH, AL 36561	GULF LOGISTICS LLC 330 W FORT MORGAN RD GULF SHORES AL 36542	BRAZZELL INS AGY LLC 3859 GULF SHORES PK#1 GULF SHORES AL 36542

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date:

02/08/2019

Policy Expiration Date:

02/08/2020

Insurance coverage(s)	Limits
SING BODILY INJURY	
PROPERTY DAMAGE	\$300,000 EACH ACC
MEDICAL PAYMENTS	\$2,000/PERSON
COMPREHENSIVE	LESS \$1000 DED.
COLLISION OR UPSET	LESS \$1000 DED.
UM/UNDERINSURED	\$25,000/PERSON
	\$50,000/ACCIDENT



TAXI AND/OR LIMOUSINE SERVICE APPLICANT REFERENCE FORM

NOTICE TO APPLICANT: You must submit two (2) Applicant Reference Forms filled out and signed by two (2) separate individuals who are not related to you in any way, including through marriage. This form must be signed by the character reference and his/her signature must then be notarized. **Supplying false information on this document may result in criminal charges being filed.**

Bryant Mock (name of applicant), has filed an application to operate a for-hire vehicle/business in Orange Beach, AL. As a character reference for the applicant, please complete this form and return it to the applicant for submission with his/her Franchise Application.

1. Is the applicant related to you by blood or marriage? YES X NO
If yes, stop here and return form to applicant.
2. I have known the applicant for 20 years. Must exceed one (1) year.
3. Describe your relationship with the applicant: Friend
4. How would you rate the applicant in the following areas? Place a check mark where appropriate:
Character X very high high average below average not acceptable
Honesty X very high high average below average not acceptable
Reliability X very high high average below average not acceptable
5. To the best of your knowledge, does the applicant use intoxicating beverages or drugs?
X YES NO IF YES, please describe the extent of use: At social occasions.
A few times a month.
6. Would you recommend that the City of Orange Beach, AL grant the applicant a franchise/license? X YES NO
7. Please provide any further comment that you feel is relevant on the back of this form.

Print Name of Character Reference Tracy M. Holiday
Address of Character Reference 5666 Alabama St
(city) Orange Beach (state) AL (zip) 36561
Cell phone 251-752-2245 Home phone N/A Business Phone N/A

Dated: 2-19-2019 Signature of Character Reference: [Signature]

Sworn before me this 19 day of February, 2019

Notary Public Signature [Signature] My Commission Expires 11/20/2021



TAXI AND/OR LIMOUSINE SERVICE APPLICANT REFERENCE FORM

NOTICE TO APPLICANT: You must submit two (2) Applicant Reference Forms filled out and signed by two (2) separate individuals who are not related to you in any way, including through marriage. This form must be signed by the character reference and his/her signature must then be notarized. **Supplying false information on this document may result in criminal charges being filed.**

Bryant Mack
Gulf Limousine (name of applicant), has filed an application to operate a for-hire vehicle/business in Orange Beach, AL. As a character reference for the applicant, please complete this form and return it to the applicant for submission with his/her Franchise Application.

1. Is the applicant related to you by blood or marriage? YES ☒ NO
If yes, stop here and return form to applicant.
2. I have known the applicant for 25 years. Must exceed one (1) year.
3. Describe your relationship with the applicant: Friend
4. How would you rate the applicant in the following areas? Place a check mark where appropriate:
Character ☒ very high ☐ high ☐ average ☐ below average ☐ not acceptable
Honesty ☒ very high ☐ high ☐ average ☐ below average ☐ not acceptable
Reliability ☒ very high ☐ high ☐ average ☐ below average ☐ not acceptable
5. To the best of your knowledge, does the applicant use intoxicating beverages or drugs?
YES ☒ NO IF YES, please describe the extent of use: _____
6. Would you recommend that the City of Orange Beach, AL grant the applicant a franchise/license? ☒ YES ☐ NO
7. Please provide any further comment that you feel is relevant on the back of this form.

Print Name of Character Reference Christopher Steele
Address of Character Reference 4786 Beach St.
(city) Orange Beach (state) AL (zip) 36576
Cell phone 251-942-3222 Home phone _____ Business Phone 251-948-3000

Dated: 2-22-19 Signature of Character Reference: [Signature]

Sworn before me this 22nd day of February, 2019.

Notary Public Signature [Signature]
My Commission Expires:
October 5, 2021



TAXI AND/OR LIMOUSINE SERVICE APPLICANT REFERENCE FORM

NOTICE TO APPLICANT: You must submit two (2) Applicant Reference Forms filled out and signed by two (2) separate individuals who are not related to you in any way, including through marriage. This form must be signed by the character reference and his/her signature must then be notarized. **Supplying false information on this document may result in criminal charges being filed.**

BRYANT MOCK (name of applicant), has filed an application to operate a for-hire vehicle/business in Orange Beach, AL. As a character reference for the applicant, please complete this form and return it to the applicant for submission with his/her Franchise Application.

1. Is the applicant related to you by blood or marriage? ☐ YES ☒ NO
If yes, stop here and return form to applicant.
2. I have known the applicant for 12 years. Must exceed one (1) year.
3. Describe your relationship with the applicant: FRIEND / CO-WORKER
4. How would you rate the applicant in the following areas? Place a check mark where appropriate:
Character ☒ very high ☐ high ☐ average ☐ below average ☐ not acceptable
Honesty ☒ very high ☐ high ☐ average ☐ below average ☐ not acceptable
Reliability ☒ very high ☐ high ☐ average ☐ below average ☐ not acceptable
5. To the best of your knowledge, does the applicant use intoxicating beverages or drugs?
☐ YES ☒ NO IF YES, please describe the extent of use: _____
6. Would you recommend that the City of Orange Beach, AL grant the applicant a franchise/license? ☒ YES ☐ NO
7. Please provide any further comment that you feel is relevant on the back of this form.

Print Name of Character Reference MELVIN R SHEPARD

Address of Character Reference 14970 TROON DR

(city) FOLEY (state) AL (zip) 36535
Cell phone (251) 223-6674 Home phone SAME Business Phone (251) 978-0607

Dated: 2/15/19 Signature of Character Reference: M R Shepard

Sworn before me this 15 day of February, 2019

Notary Public Signature Emily Tidwell

Emily Tidwell
Notary Public, Alabama State At Large
My Commission Expires April 6, 2019



TAXI AND/OR LIMOUSINE SERVICE APPLICANT REFERENCE FORM

NOTICE TO APPLICANT: You must submit two (2) Applicant Reference Forms filled out and signed by two (2) separate individuals who are not related to you in any way, including through marriage. This form must be signed by the character reference and his/her signature must then be notarized. **Supplying false information on this document may result in criminal charges being filed.**

Bryant Mock (name of applicant), has filed an application to operate a for-hire vehicle/business in Orange Beach, AL. As a character reference for the applicant, please complete this form and return it to the applicant for submission with his/her Franchise Application.

1. Is the applicant related to you by blood or marriage? ☐ YES ☒ NO
If yes, stop here and return form to applicant.
2. I have known the applicant for 21 years. Must exceed one (1) year.
3. Describe your relationship with the applicant: friend
4. How would you rate the applicant in the following areas? Place a check mark where appropriate:
Character ☒ very high ☐ high ☐ average ☐ below average ☐ not acceptable
Honesty ☒ very high ☐ high ☐ average ☐ below average ☐ not acceptable
Reliability ☒ very high ☐ high ☐ average ☐ below average ☐ not acceptable
5. To the best of your knowledge, does the applicant use intoxicating beverages or drugs?
☐ YES ☒ NO IF YES, please describe the extent of use: _____
6. Would you recommend that the City of Orange Beach, AL grant the applicant a franchise/license? ☒ YES ☐ NO
7. Please provide any further comment that you feel is relevant on the back of this form.

Print Name of Character Reference Elaine Waller
Address of Character Reference 26805 Perdido Beach Blvd
(city) Orange Beach (state) AL (zip) 36561
Cell phone 251-978-9464 Home phone _____ Business Phone _____

Dated: 2/20/19 Signature of Character Reference: [Signature]

Sworn before me this 20 day of January, 2019

Notary Public Signature [Signature]

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

Gulf Logistics, LLC

This name reservation is for the exclusive use of MockSpeed Media, LLC, 330 W. Ft. Morgan Rd. Apt. 7A, Gulf Shores, AL 36542 for a period of one year beginning April 27, 2017 and expiring April 27, 2018



RES757610

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

April 27, 2017

Date

A handwritten signature in dark ink, appearing to read 'J. H. Merrill'. The signature is written in a cursive, flowing style.

John H. Merrill

Secretary of State