



CITY OF AURORA

SHARED MOBILITY SMALL DEVICES REVOCABLE LICENSE APPLICATION

Public Works Department | Parking & Mobility Services
15151 East Alameda Parkway, Suite 3200, Aurora, CO 80012
(303)739-7302 | SharedMobility@auroragov.org

DATE:

Application Type: New Renewal Supplemental (if adding devices to an existing license)

LOCAL OPERATIONS INFORMATION:

****Please PRINT Legibly****

Company Name: _____
Local Address: _____
Local City: _____ State & Zip Code: _____
Main Local Number: _____ Email Address: _____
Primary POC Name: _____ POC Phone Number: _____
POC Email Address: _____ Aurora Business License #: _____

PARENT COMPANY INFORMATION:

****Please PRINT Legibly****

Business Name/DBA: _____
Business Address: _____
Business City: _____ State & Zip Code: _____
Phone Number: _____ Website Address: _____
Business Structure: Corporation LLC Partnership Sole Proprietorship
 Other (Describe): _____

FLEET REQUEST INFORMATION:

****Please PRINT Legibly****

Requested Device(s): E-Scooter E-Bicycle Bicycle Other (Describe): _____
Requested Number of Total Devices, # 1: for Device Type: _____
up to 500 devices
Requested Number of Total Devices, # 2: for Device Type: _____
up to 500 devices
Does your fleet require fixed DOCKING STATION(S)? NO YES
Are you expecting to request a fleet EXPANSION within the license year? NO YES
Device Manufacturer # 1: _____ Model: _____ Color: _____
Device Manufacturer # 2: _____ Model: _____ Color: _____

If additional space is needed, please provide fleet details on a supplemental page



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PERFORMANCE

****Please PRINT Legibly****

List COLORADO cities/towns, and # of devices in each, where your organization CURRENTLY operates: _____

List United States cities/towns, and # of devices in each, where your organization CURRENTLY operates: _____

Within the United States, has your organization ever been fined, had your devices impounded, or your operating permit or license revoked, for any reason, by a municipality or issuing organization? NO YES

If YES, please explain why in detail: _____

REQUIRED SUPPLEMENTAL MATERIALS / CHECKLIST

On a separate page(s), please provide the following REQUIRED supplemental application material:

- Certificate of Insurance with at least the minimum coverages specified in the program Rules & Regulations
- Images and full descriptions of shared mobility small devices your organization intends to utilize in its fleet
- Amenities and abilities of the 24-hour customer service phone line and location of said phone number on device(s)
- Your intended service area plan; including any planned area expansions within the permitted license year
- Your education and outreach plan(s) for proper device parking and rider safety
- Your detailed device rebalancing plan(s) to included detailed locations and scheduling plans(s)
- A list of preferred locations for the possible installation of painted dockless parking zones
- Your parking enforcement and management plans for all device options provided in your fleet to include a full description of geofencing capabilities and other services to enhance operational plans
- Your plan(s) to provide an equitable mobility sharing service for patrons without smartphones or being unbanked
- Description of data sharing methodology with the city or approved 3rd party, along with any recommendations
- Annual Corporate Financial Report for prior year to measure current and future financial health and performance
- Copy of your City of Aurora business license



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APPLICATION REVIEW PROCESS

Properly submitted application documents will be thoroughly reviewed by city staff. Applications may be examined, but not limited to, the additional criteria outlined below in addition to the required supplemental materials outlined on Page 2

- Successful experience operating shared mobility device programs
- Proposed operations plan appropriate to the Aurora environment
- Fully accessible smartphone app that is easy to navigate and use in providing equitable service to all patron types
- Quality and magnitude of the public education and engagement strategies
- Overall company financial viability and stability
- History of successful responsiveness to customer service issues and concerns
- Demonstrated customer service qualities and complaint response resolution
- Proposed methods to address device parking and rider roadway safety compliance
- Overall fleet management skills and experience
- A commitment to collaboration with the City of Aurora
- Recognizes and supports the importance of local control and management of the public right-of-way
- Demonstrated innovation and effective strategies to meet the mobility goals of the City of Aurora

APPLICATION SUBMISSION

Please submit this completed application and all supplemental material to:

CITY OF AURORA, 15151 E. Alameda Parkway, Suite 3200, Aurora, CO 80012, ATTN: Manager of Parking & Mobility Services

Please allow at least ten (10) business days to review and process this application. Once approved, details on the next stage of the process will be sent to the local applicant POC. All license fees and the Operator Reserve will be due upon license issuance.

SIGNATURE

I acknowledge that the information provided is true and accurate and that I am authorized to complete and submit this form on behalf of the parent company. I understand that all the required supplemental materials must be attached and submitted with this application form to be considered complete and valid.

Applicant Signature _____

Date _____

Printed Name _____



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INDEMNIFICATION AGREEMENT FORM

Please PRINT Legibly

This Indemnification Agreement ("Agreement") is made this _____ day of _____, 20____, by and between the **CITY OF AURORA** ("City"), a home-rule municipal corporation with an address of 15151 East Alameda Parkway, Aurora, Colorado, 80012 and _____ ("Operator"), a commercial operator of a shared mobility business.

_____ ("Operator") agrees to defend, indemnify, reimburse, and hold harmless the City, it's appointed and elected officials, agents, and employees from and against all liabilities, claims judgements, suits or demands for damages to persons or property arising out of, resulting from, or relating to the Operator's services performed under the issued program license, unless such claims have been determined by the trier of fact to be the sole negligence or willful misconduct of the City. The indemnity shall be interpreted in the broadest possible manner to indemnify the City for any acts or omissions of the licensed Operator, its subcontractors, or its users.

I ACKNOWLEDGE AND AGREE THAT I HAVE READ AND UNDERSTAND ALL THE REQUIREMENTS OF THIS AGREEMENT. I CERTIFY THAT I HAVE THE AUTHORITY TO SIGN FOR AND BIND MY COMPANY, AND BY VIRTUE OF MY SIGNATURE, AM BOUND BY THE PROVISIONS OF THIS AGREEMENT.

APPLICANT SIGNATURE _____

DATE _____

APPLICANT NAME (PRINTED) _____

OPERATOR NAME _____