



SHARED MICRO-MOBILITY DEVICE (PILOT PROGRAM) PERMIT APPLICATION

INSTRUCTIONS

The applicant must fully review the latest published Shared Micro-Mobility Device Permit Requirements, which includes Insurance and Indemnity requirements and agreement.

One hard copy and one digital copy must be submitted in person or by mail. Permit applications must be submitted to:

City of Chula Vista
ATTN: Engineering Department
276 Fourth Avenue
Chula Vista, CA 91910

In addition to this permit application, applicants must submit documentation of insurance and indemnification as described in the Shared Micro-Mobility Permit Requirements (Attachment A). The application will not be considered complete until all attachments and documentation have been received.

At a minimum, the following items must all be completed and submitted to be considered a complete application:

- Application Agreement (page 2)
- Insurance and Indemnification (Permit Requirements – Attachment A)
- Permit Review Fee Payment
- Fleet Information with Deployment Map and PDF digital file (page 4)
- Permit Requirement Policies (page 5 & 6)
- Proof of current Business License in the City of Chula Vista
- Organizational Chart + 24 hr. Contact information
- Photos and specifications/descriptions of shared micro-mobility devices and mobile application.
- Plan for education users on proper device parking
- Plan for encouraging compliance with helmet laws within the County of San Diego
- Plan for equitable device share service

Permit processing will take 10-15 business days upon receipt of complete application. Permit applications will continue to be accepted until the maximum number of permitted devices have been issued (as described in the Shared Micro-Mobility Permit Requirements).



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APPLICATION AGREEMENT

(I/We) the undersigned declare, under penalty of perjury under the laws of the State of California, that (I am/we are) the owner(s) or authorized representative(s) of the entity in this application; that the information on all plans, drawings, and sketches attached hereto and all the statements and answers contained herein are, in all respects, true and correct.

Operator shall be responsible for all costs incurred by City to address or abate Operator's violations of the Program requirements, including but not limited to costs incurred by City for repair or maintenance of public property. (Requirement O6)

If the Program Manager's determination finds that Operator is responsible for costs, Operator shall make payment to City for such costs within five (5) calendar days from date of Program Manager's determination. Operator acknowledges and agrees that its failure to timely reimburse City may result in revocation of Operator's Permit and/or reimbursement through the Operator's performance bond (Requirement G6). After Operator has made payment to City, Operator may appeal the Program Manager's determination to the City Manager in the same manner as proscribed in Requirement G9.

Date
Printed Name/Title
Authorized Signature



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▪ **PERMIT FEES**

- Permit Review Fee - \$1,680 (non-refundable)
- Annual Permit Fee - \$146 (non-refundable)
- Program Administrative Fee (non-refundable)
 - Initial 500 devices @ \$70/device - \$35,000 at permit approval
 - Additional devices (subsequent months): Next 500 devices @ \$50/device
Above 1000 Devices @\$25/device
- Total fleet size at application: 500 devices per operator
- Maximum fleet size: 5,000 devices total for overall program

Permit Fee Calculation:

Permit Review Fee	\$1,680
TOTAL DUE AT APPLICATION	\$1,680.00

Annual Permit Fee	\$146
Program Administration Fee (initial 500 devices)	\$35,000
TOTAL DUE AT PERMIT APPROVAL	\$35,146.00

Increases in Fleet Size:

- Requests for increases in overall fleet size occur at the Operator’s request at the end of each full month of operation in 250 unit increments per month (see **Requirement O9**).
- If approved, the Operator is responsible to provide the City additional Program Administrative Fees at the rates listed above prior to the deployment of the additional devices.

Make checks payable to:

CITY OF CHULA VISTA
C/O Micro-Mobility Program
276 Fourth Avenue
Chula Vista, CA 91910



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FLEET INFORMATION

Vehicle Type and Quantity (500 total devices at application):

SCOOTER	
E-BIKE	
BIKE (NON-ELECTRICAL)	
OTHER:	

Planned Fleet Expansion:

Please describe

Service Deployment Area(s):

Applicant to provide the following with

- PDF map of deployment area indicating number of vehicles at each deployment area (print out and digital file)

Planned Service Deployment Expansion:

Please describe



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PERMIT REQUIREMENT POLICIES

After reviewing the City's Shared Micro-Mobility Device (Pilot Program) Permit Requirements, please list any comments or concerns for each of the following Permit Requirement categories:

General:

Please describe

Equipment and Safety:

Please describe

Parking:

Please describe

Operations:

Please describe



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PERMIT REQUIREMENT POLICIES (cont.)

After reviewing the City's Shared Micro-Mobility Device (Pilot Program) Permit Requirements, please list any comments or concerns for each of the following Permit Requirement categories:

Data Sharing:

Please describe

Miscellaneous:

Please describe