## VINCENT LIMOUSINE

42-06 BROADWAY • ASTORIA, NY • 11103 PHONE: (718) 729 - 0900 • FAX: (718) 728 - 3311

## LETTER OF CONTRACT

for Handicapped Accessible Vehicle Services Between Vincent Limousine Service of New York, Inc. and

	In the State of New York
Contract Date:	
President's Name: Base License No: Address:	
Telephone:	
Fax:	
Subject:	AVR 6-07(f) Contract for One (1) Year
Expiration Date: Certificate #:	Fee: \$295.00 Non-Refunable
Dear Sir or Madam:	
This letter of coauthorized:	ntract hereby certifies that Vincent's Limousine Service of New York, Inc. has
	ervice to contract Vincent's Limousine Service of New York, Inc. handicapped vide transportation services for wheel chair and other mobility aid bound disabled
City Taxi and Limousine C	ine Service of New York, Inc. vehicle # VEW 0416 is registered under the New York commission (NYC T&LC) and is in compliance with NYS DOT and NYS DOH rules the Americans with Disabilities Act of 1990.
services on request from i	sine Service of New York, Inc. undertakes to deliver handicapped transportation adio dispatch base on terms and conditions known as equivalent service and as is Vehicle Rule 6-07 (f) of the rules and regulations of the NYC Taxi & Limousine
of the contract by signing	I be in effect for one year from the date of this document. Owner confirms acceptance original in addition to one copy and affixing the appropriate date of acceptance and ided. Owner may retain the original copy of the contract as proof of AVR compliance ousine Commission.
It is the responsib	ility of to maintain their license
in good order and to main	tain its validity. must furnish
	ce of New York, Inc. with a copy of said license upon renewal during the period of must notify Vincent's Limousine Service of y if said license is revoked or suspended for any reason.
Name:	
Signature:	
Date:	Notarization: