



Shared Mobility Device Permit Application Pilot Program

OFFICE USE ONLY

Permit Number: _____ Issue Date: _____
Application Approved By: _____ Date: _____
Director of Transportation and Capital Infrastructure

Applicants who wish to operate a fleet of Shared Mobility Devices (“SMD”) within Loudoun County, Virginia must review the items under PERMIT APPLICATION REQUIREMENTS and submit the necessary information with the completed (signed) permit application.

The permit is non-transferable. The Applicant cannot transfer its rights under this permit to any other entity or individual, including subsidiaries. A prospective transferee must apply for its own permit.

APPLICANT INFORMATION

ALL SECTIONS MUST BE FILLED OUT

Company name: _____

Point of Contact Name: _____

Point of Contact Phone #: _____

Point of Contact Email Address: _____

General Customer Service Contact Phone #: _____

Mailing Address: _____

Company Website URL: _____

SMD FLEET INFORMATION

Proposed Fleet Mode (pick one*):

- motorized skateboard bicycle
 motorized scooter electric power-assisted bicycle

**Only one (1) fleet mode type per permit application, and no more than two fleet mode types per Operator.*

Requested Fleet Size (up to a maximum of 250 devices): _____

Device Make/Model: _____

Device Tracking Technology: _____



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PERMIT APPLICATION REQUIREMENTS

To this permit application, the following items shall be included:

- A signed copy of the Agreement for Operation of Shared Mobility Devices within the County of Loudoun and all required supporting documentation,
- A copy of Applicant’s Virginia Business Registration,
- A copy of Applicant’s Virginia Certificate of Good Standing,
- A copy of Applicant’s Loudoun County Business Professional Occupational License,
- Permit application fee of \$8,000. Checks may be made payable to **County of Loudoun**

OFFICE USE ONLY
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APPLICANT SIGNATURE

By signing this permit application, the authorized signatory for the applicant acknowledges that he/she has read and understood all of the permit application requirements, certifies that s/he has the authority to sign for and bind the applicant company, and by virtue of her/his signature binds the company to the requirements of this permit. Should the applicant not comply with the provisions listed herein, the permit may be suspended or revoked, requiring their SMDs to be removed from Loudoun County. Fees are non-refundable.

Signature: _____

Name Printed: _____

Title: _____

Date: _____

The completed permit application must be submitted to the address below:

**Loudoun County
Department of Transportation and Capital Infrastructure
Attn: Laura Ghosh, Bicycle-Pedestrian Coordinator
P.O. Box 7500, DTCI-MSD #64
Leesburg, VA 20177-7500**

The County will confirm receipt of a complete application within three (3) business days; if the application is deemed incomplete, follow-up information may be requested. Questions should be directed to DTCI-SMD@Loudoun.gov