

Chair

Jesse R. Bodine District Manager

October 17, 2018

Ed Pincar Manhattan Borough Commissioner NYC Department of Transportation 59 Maiden Lane, 37th Floor New York, NY 10037

Re: Taino Express Inc. - Intercity Bus Stop Application at North Side of W. 43rd Street (11/12)

CITY OF NEW YORK **MANHATTAN COMMUNITY BOARD FOUR** 330 West 42nd Street, 26th floor New York, NY 10036 tel: 212-736-4536 fax: 212-947-9512 www.nyc.gov/mcb4

Dear Commissioner Pincar,

As we continue to review increasing numbers of applications for curbside bus stops on our district's congested streets and sidewalks, we look forward to the day when our district is served by an updated and expanded Bus Terminal. We will also take this occasion to request that the Department of Transportation (DOT) begin considering the community and environmental impact of the operator's fleet, and develop a standard to favor those operators with zero-emission fleets, safe driving records, and good standing with all authorities. We hope to address these and other broader considerations very soon by convening a task force, engaging all stakeholders and our Elected Officials.

At its October Full Board meeting, Manhattan Community Board 4 (MCB4) voted by a vote of 37 in favor, 0 against, 0 abstaining and 0 present but not eligible to vote to approve Taino Express Inc. a bus permit on the North Side of W. 43rd Street between Eleventh and Twelfth Avenues provided all the stipulations attached are met. The applicant has agreed to comply with all stipulations

Sincerely,

Burt Lazarin Chair Manhattan Community

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Christine Berthet Co-Chair Transportation Planning

Dale Corvino Co-Chair Transportation Planning

Board 4

Committee

Committee

Enclosure

Cc: Hon. Brad Hoylman, New York State Senate Hon. Richard N. Gottfried, New York State Assembly Hon. Linda Rosenthal, New York State Assembly Hon. Corey Johnson, Speaker, NYC Council Hon. Gale A. Brewer, Manhattan Borough President Polly Trottenberg, Commissioner, NYC Department of Transportation Michael Replogle, NYC Department of Transportation

Manhattan Community Board 4 - Intercity Bus Permit and Stipulations

attach a copy of your bus stop request to the NYC DOT Ids must be completed

| las must be completed | is must be completed | | | |
|--|---|--|--|--|
| A BAR BAR BAR BAR | enter data in this column | | | |
| t from Date to Date | August 2018 | August 2019 | | |
| ompany Marketing name (DBA) | Taino Express Inc | 9 | | |
| any Corporate Name | Taino Express Inc | Taino Express In | | |
| r Owner's Name | Ramon Merrado | Ramon Mercado | | |
| rate Address | 122 Burlington Ave Paterson NJ 07502 | | | |
| Address | Tains Express Durch | 00.000 | | |
| Number | 973 296 6939 | | | |
| ss of requested bus stop (where gn will be located) | horthside 43rd St. | | | |
| si wii be locateu) | btwn 12311 avenue | | | |
| op Length (in feet) | 2577 | | | |
| op length in # of buses | | and the second | | |
| our # passengers per bus | 25 | | | |
| number of buses on this route | 15 | | | |
| num number of pickups per day | 16 | - Internet | | |
| num number of drop off per day | 15 | | | |
| estination of the bus service | Paterson NT | | | |
| will be the route for your bus ntering New York City limits, to s stop requested, to leaving ork City limits? | lincoln tunnel to stop | A Stop to lincoln tunk | | |
| er of layover locations | n14 | h/A | | |
| sses of layover locations | nlA | n (A | | |

Bus Schedule

| List times of departures/ arrivals as appropriate (peak days) one per line | Pick up (Y/N) | Drop off (Y/N) | Maximum number of passengers at peak hour |
|--|------------------|--|---|
| $\frac{1}{2} = \frac{1}{2} = \frac{1}$ | | (Y/N) 22 22 22 22 22 22 22 22 22 2 | 25 < |
| | | | |

Bus Fleet

| For each bus using th | nis stop please | provide |
|--|--|------------------------|
| last 5 Vin | # | |
| Bus US DOT or state DOT registration | Bus | Capacity (# |
| number | dimensions (Length in ft.) | passengers) |
| 32527 | 21 F+ | 25 |
| 331685 | 21F+ | 25 |
| +4129 | 217+ | 25 |
| 10501 | 2177 | 25 |
| 85/101 | 2177 | 15 |
| 37326 | 21Ft | 25 |
| 01133 | 2187 | 25 |
| 43098 | 2177 | 25 |
| 30022 | ZIFT | 25 |
| 04992 | 247- | 25 |
| 40,880 | 217+ | 25 |
| 18627 | 21F+ | 25 |
| 80848 | ZIFT | 25 |
| 76060 | 21F+ | 25 |
| 744000 | 2157 | 25 |
| 19605 | 2111 | 45 |
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| Location and Safety | | |
|--|---|---|
| Please include a diagram of the street where you are requ and your proposed stop. | esting a stop, including mea | asurements of all existing use |
| Current parking regulations at the location of the stop | no Bus stops - unk | |
| ls It in a Bus lane? | pullipa no- | |
| What are the other obstructions (curb cuts, hydrants etc) | None | |
| List the businesses, institutions and residences located along the length of bus stop | UPS. * MUSt Call. | |
| Did you speak with the businesses above and the block association about your planned operation? | dry . | |
| Provide the name of the persons you spoke to for each of them and the date on which you spoke to them | Alu | |
| Where and when did you post the notice of the Community Board Transportation Committee Hearing? | unable to commute to NY | |
| First Alternate Location Address | Wyzrd St - 12 ane. | |
| Second Alternate location Address | - | |
| Excluding this application, does your company have additional intercity bus service in New York City? | NO | |
| If yes, attach a list of your existing stop location, schedules the Port Authority Bus Terminal or GW Bridge Bus Station | | |
| Are all drivers your employees? | yes | |
| Please provide your safety records per the USDOT- Federal Motor Carrier Safety Administration | Serious Violations in the last 12 months | On-road Performance Basic Percentile |
| Operation by drivers in a dangerous or careless manner | wone | 0%. |
| Operation by drivers who are ill, fatigued or in non compliance with the hours of service (HOS) regulations | none | 0~/6 |
| Operation by drivers who are unfit to operate due to lack of training, experience or medical qualifications | 3 | 60°h. |
| Operation by drivers who are impaired due to alcohol, illegal drugs, misuse of prescription or over-the-counter medications. | none | 6°h. |
| Failure to properly maintain vehicles | none | 22010. |

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| Will you promptly notify the Department of changes to information provided in ts application. | Yes | No |
|---|-------|---------|
| Will you prominently display a copy of the Intercity Bus Permit in each intercity bus operating pursuant to such Intercity Bus Permit | Yes | No |
| Will you display on each intercity bus using the designated location(s) the operator's name, address and telephone number affixed in characters at least five inches high on both sides of the vehicle, with such display being in a color contrasting with that of the vehicle and placed approximately midway vertically on doors or side panels. | (Yes) | No |
| Will you pick-up and discharge passengers only at on-street bus stops designated by the Commissioner for use by the permitted buses and within twelve inches of the curb and parallel thereto | Yes | No |
| Will you Not stop or stand in your assigned on-street bus stop location except when actively engaged in the pick-up or discharge of passengers. | Yes | No |
| Will you Notify the Department of the issuance of any violation by the United States Department of Transportation Federal Motor Carrier Safety Administration or the New York State Department of Transportation within five days of the issuance thereof. | ves | No |
| Will you cause your drivers to comply with idling laws (less than 1 minute idling in vicinity of a school or 3 minutes otherwise)? | Yes | No |
| Will you post a prominenl sign inside the bus to remind drivers to turn off their engines after 1 (one) minute? | Yes | No |
| Will you maintain at all times 8ft of clear pedestrian right of way on the sidewalk? | Yes | No |
| Will you Not sell tickets on the sidewalk? | Yes | No |
| In addition to the dirver, will you have an employee on site at all times to ensure orderly loading, no idling and preserve 8 ft. of pedestrian passage | Yes | No |
| Will you ensure your drivers use the permitted route to access the stop? | Yes | No |
| If relevant, will you bring each of your five safety measurements below the 50% threshold by all means necessary within 2 years of the granting of the permit ? | Yes | No |
| | | |
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| | | (Final) |

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| Manhattan Community Board 4 recommends | O Denial | 8 | Denial unless all the stipulations above are agreed to by the applicant and are considered part of its permit |
|---|----------|---------------|---|
| MCB4 Representatives | | | |
| Janine Pretente MCB4 Community Associate | | | |
| Christine Berthet MCB4 Transportation Committee Co-Chair | Mer The | - | |
| Dale Corvino MCB4 Transportation Committee | 000 | \mathcal{Q} | |

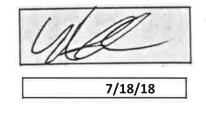
Applicant Agreement with the Community

Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in his intercity permit. The written stipulations above constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These written stipulations supersede any oral statements or representations in connection with this application.

SIGN HERE

Co-Chair

Signature of Applicant



Date