

**2015 CITY OF BRYAN
APPLICATION FOR TAXICAB SERVICE LICENSE**

Name of Company: _____
(Please include all assumed names)

Address of Company: _____

Telephone Number: _____

E-Mail Address: _____ Contact Name: _____

PLEASE CHECK ONE OF THE FOLLOWING:

CORPORATION (list name and address of major officers and major stockholders)

PARTNERSHIP (list name and address of all partners)

SOLE PROPRIETORSHIP (list name and address of owner)

Name

Address

DESCRIBE THE MAKE, HORSEPOWER, VEHICLE IDENTIFICATION NUMBER, SEATING CAPACITY, VEHICLE OWNER'S NAME AND ADDRESS AND LICENSE NUMBER OF EACH VEHICLE TO BE LICENSED:

VEHICLE #: _____ Vehicle License Number: _____

Make _____ Horsepower _____ Vehicle Identification Number _____

Seating Capacity _____ Name and Address of Owner _____

VEHICLE #: _____ Vehicle License Number: _____

Make _____ Horsepower _____ Vehicle Identification Number _____

Seating Capacity _____ Name and Address of Owner _____

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY

FURNISH THE NAMES, ADDRESSES, DATE OF BIRTH AND DRIVER'S LICENSE NUMBERS FOR EACH DRIVER OPERATING VEHICLES FOR THE COMPANY:

Name: _____

Address: _____

Date of Birth: ____/____/____ DL#: _____

Name: _____

Address: _____

Date of Birth: ____/____/____ DL#: _____

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY

I have not been finally convicted of any felony or other offense involving moral turpitude within the past ten (10) years which adversely affects my ability to provide safe and reliable passenger transportation.

I authorize the City of Bryan to check my driving record and criminal history.

I have submitted a \$50.00 nonrefundable license fee (per vehicle).

I have attached a listing of fares and a certificate of insurance which are true and correct documents.

I have received, read and understand the City of Bryan Code of Ordinance's Chapter 126 – Vehicle for Hire.

I swear that the above statements are true and correct.

Date: _____

Signature of applicant for Taxicab Service License

Printed Name

STATE OF TEXAS
COUNTY OF BRAZOS

Sworn to and subscribed before me on the _____ day of _____, 2014.

(seal) _____
Notary Public

OFFICE USE ONLY

Date Received: _____

List of Fares

List of all cabs and drivers

Time Received: _____

Insurance Certificate

Payment of Fee

Received By: _____

Vehicle Inspection(s)

Name of Company: _____

DESCRIBE THE MAKE, HORSEPOWER, VEHICLE IDENTIFICATION NUMBER, SEATING CAPACITY, VEHICLE OWNER'S NAME AND ADDRESS AND LICENSE NUMBER OF EACH VEHICLE TO BE LICENSED:

VEHICLE #: _____ Vehicle License Number: _____

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Seating Capacity Name and Address of Owner

Name of Company: _____

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Date of Birth: ____ / ____ / ____ DL#: _____

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Name: _____

Address: _____

Date of Birth: ____ / ____ / ____ DL#: _____

Name: _____

Address: _____

Date of Birth: ____ / ____ / ____ DL#: _____

Name: _____

Address: _____

Date of Birth: ____ / ____ / ____ DL#: _____

Name of Company: _____

TO BE COMPLETED BY BRYAN POLICE DEPARTMENT

License Plate #: _____ Expiration: _____ VIN#: _____

- _____ 1. Valid and current state certificate of inspection and state certificate of registration.
- _____ 2. Equipped with a fire extinguisher that is in good operating order.
- _____ 3. Reasonably free from dirt or rubbish and otherwise clean and sanitary.
- _____ 4. Vehicle identification number and license number of taxicab matches the numbers listed for that taxicab on the license application.
- _____ 5. The business name and designation as a taxicab is affixed to both front doors (not subject to limousines).

INSPECTED BY:

Signature

Printed name, rank and badge number

Date of Inspection

TO BE COMPLETED BY BRYAN POLICE DEPARTMENT

License Plate #: _____ Expiration: _____ VIN#: _____

- _____ 1. Valid and current state certificate of inspection and state certificate of registration.
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