



CITY OF BRYAN
The Good Life, Texas Style.

CITY OF BRYAN APPLICATION FOR TAXICAB SERVICE PERMIT

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

Address of Company (or Registered Agent): _____

Telephone Number(s): _____ Website Address: _____

E-Mail Address: _____ Contact Name: _____

Number of Vehicles to be Permitted: _____

Each taxicab must be equipped with the following:

1. a valid state certificate of registration and be able to provide proof of current state inspection;
2. Each vehicle shall have the business name and phone number affixed to the door in accordance with 126-80 (b)

Please attach the following:

1. Certificate of insurance
2. Fee- \$50.00 per vehicle

DESCRIBE THE MAKE, COLOR, VEHICLE IDENTIFICATION NUMBER, SEATING CAPACITY, VEHICLE OWNER'S NAME AND ADDRESS (IF DIFFERENT FROM ABOVE) AND LICENSE NUMBER OF EACH VEHICLE TO BE PERMITTED:

| | | |
|------------------|-------------------------------|-------------------------------|
| VEHICLE #: _____ | Vehicle License Number: _____ | |
| _____ | _____ | _____ |
| Make | Color | Vehicle Identification Number |
| _____ | _____ | |
| Seating Capacity | Name and Address of Owner | |

| | | |
|------------------|-------------------------------|-------------------------------|
| VEHICLE #: _____ | Vehicle License Number: _____ | |
| _____ | _____ | _____ |
| Make | Color | Vehicle Identification Number |
| _____ | _____ | |
| Seating Capacity | Name and Address of Owner | |

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY

DESCRIBE THE MAKE, COLOR, VEHICLE IDENTIFICATION NUMBER, SEATING CAPACITY, VEHICLE OWNER'S NAME AND ADDRESS (IF DIFFERENT FROM ABOVE) AND LICENSE NUMBER OF EACH VEHICLE TO BE PERMITTED:

| | | |
|------------------|-------------------------------|-------------------------------|
| VEHICLE #: _____ | Vehicle License Number: _____ | |
| _____ | _____ | |
| Make | Color | Vehicle Identification Number |
| _____ | _____ | _____ |
| Seating Capacity | Name and Address of Owner | |

| | | |
|------------------|-------------------------------|-------------------------------|
| VEHICLE #: _____ | Vehicle License Number: _____ | |
| _____ | _____ | |
| Make | Color | Vehicle Identification Number |
| _____ | _____ | _____ |
| Seating Capacity | Name and Address of Owner | |

| | | |
|------------------|-------------------------------|-------------------------------|
| VEHICLE #: _____ | Vehicle License Number: _____ | |
| _____ | _____ | |
| Make | Color | Vehicle Identification Number |
| _____ | _____ | _____ |
| Seating Capacity | Name and Address of Owner | |

| | | |
|------------------|-------------------------------|-------------------------------|
| VEHICLE #: _____ | Vehicle License Number: _____ | |
| _____ | _____ | |
| Make | Color | Vehicle Identification Number |
| _____ | _____ | _____ |
| Seating Capacity | Name and Address of Owner | |

| | | |
|------------------|-------------------------------|-------------------------------|
| VEHICLE #: _____ | Vehicle License Number: _____ | |
| _____ | _____ | |
| Make | Color | Vehicle Identification Number |
| _____ | _____ | _____ |
| Seating Capacity | Name and Address of Owner | |

| | | |
|------------------|-------------------------------|-------------------------------|
| VEHICLE #: _____ | Vehicle License Number: _____ | |
| _____ | _____ | |
| Make | Color | Vehicle Identification Number |
| _____ | _____ | _____ |
| Seating Capacity | Name and Address of Owner | |

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY

SWORN STATEMENT

I, the undersigned applicant, swear and affirm under penalty of perjury that the following is true and correct.

I have read and understand the City of Bryan Code of Ordinance’s Chapter 126 – Vehicles for Hire.

I have not been found guilty by a court of any jurisdiction of any felony, misdemeanor involving moral turpitude, an offense requiring registration as a sex offender, possession or sale of any controlled substance, or driving while under the influence of drugs or alcohol within the past seven (7) years.

The company (or a reliable third party) has conducted annual background checks and driving history checks on each driver authorized to operate a taxicab on behalf of the company and shall not allow a driver to operate a taxicab if the driver has been found guilty by a court of any jurisdiction of any felony, misdemeanor involving moral turpitude, an offense requiring registration as a sex offender, possession or sale of any controlled substance, or driving while under the influence of drugs or alcohol within the past seven (7) years or has three (3) or more of the following offenses within the past three (3) years:

1. Any traffic regulation governing the movement of vehicles;
2. Failure to maintain financial responsibility (e.g. insurance); or
3. Driving without a license or while license is invalid.

Date: _____

Signature of applicant for Taxicab Service Permit

Printed Name

STATE OF TEXAS
COUNTY OF BRAZOS

Sworn to and subscribed before me on the _____ day of _____, 20__.

(seal) _____
Notary Public

OFFICE USE ONLY

Date Received: _____

Payment of Fee

Time Received: _____

Insurance Certificate

Received By: _____

Permit #s _____