

## APPLICATION FOR TAXICAB/LIMOUSINE LICENSE, VEHICLE PERMIT & DRIVER'S PERMIT

Application Fee: One Hundred dollars (\$100.00) yearly

Name of Busi	ness:		Name of Owner:	
			Address:	
Phone/Cell No	umber:		Phone/Cell Number:	
			E-Mail:	
Name of Appl (if different from O	licant: Owner:)			
All trade names un	nder which applicant does or intends t	o do business:		
Insurance attac	ched: Yes No	Fares attac	hed: Yes No	
	nit Information: nicles – See Exhibit A – attached)			
Make:	Model:	Year:	TX License Plate #:	Expires:
VIN#:			TX Inspection Sticker #:	Expires:
	nicle:			
Other than Ap	pplicant:			
Address.				
Addiess.				
I,	<u>Ac</u> , do affirr	knowledgement o	of Owner/Applicant Information is true and correct to ficate of insurance which are true	the best of my and correct documents
I,knowledge an	Ac, do affirm  Ind I have attached a listing of  e undersigned authority, A Not, known to me to be	knowledgement of that the above in that the above in fares and a certification and for the person whose	of Owner/Applicant Information is true and correct to ficate of insurance which are true  Signature of Owner/Applicar said Taylor County, Texas, on this do name is subscribed to the foregoing and the foregoing to the foregoing	and correct documents  —  nt  ay personally appeared  application and
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I, knowledge and BEFORE ME, the acknowledged of GIVEN UNDER I (seal)	Accomplete	m that the above in that the above in that the above in fares and a certificary Public in and for the person whose is same for the purpose this day of City of Abiler sec'd:	Information is true and correct to ficate of insurance which are true  Signature of Owner/Applicar said Taylor County, Texas, on this doname is subscribed to the foregoing poses and consideration therein expresses and consideration expresses and consideration therein expresses and consideration expresses and	and correct documents  _ nt ay personally appeared application and essed.
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**Driver Information** Company Driver's First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_ Current Address: \_\_\_\_\_ CITY SECRETARY State Zip code City Phone: (If less than 3 years at the above address, list previous addresses for the past 3 years:) Address: \_\_\_\_\_ Zip code \_\_\_\_\_ Zip code \_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip code \_\_\_\_\_ Address: \_\_\_ Address: \_\_\_\_\_ City State Zip code Attach copy of Driver's License Have you been previously issued an Abilene taxi drivers permit? Yes No Last year issued? 2. Has your Driver's License been suspended or revoked?...... Yes No 3. Are there any criminal investigations, charges pending or warrants outstanding against you?... 4. Have you been involved in any accidents in the last 3 years?...... Yes No 5. Have you been convicted of a felony?...... Yes No If any questions were answered "Yes" above, please provide a complete explanation, Include dates, locations, and the current status of each item in the question below. Acknowledgement of Driver , do affirm that the above information is true and correct to the best of my knowledge. I authorize the City of Abilene to check my driving record and criminal history. Signature of Driver BEFORE ME, the undersigned authority, A Notary Public in and for said Taylor County, Texas, on this day personally appeared , known to me to be the person whose name is subscribed to the foregoing application and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. GIVEN UNDER MY HAND AND SEAL OF OFFICE this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. (seal) Notary Public, State of Texas My Commission expires: \_\_\_ City of Abilene Only DPS – Criminal History Date run: \_\_\_\_\_\_Passed: \_\_\_\_\_ Failed: \_\_\_\_\_ Initials \_\_\_\_ Police Department- Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Initials\_\_\_\_ Driver Permit #\_\_\_\_\_ Fee Rec'd: \_\_\_\_\_ Transaction #\_\_\_\_\_ Issue Date: Expires (date)

Inspection of vehicle by independent mechanic. Prior to issuance of permit, the vehicle must be inspected by an independent firm authorized to perform vehicle safety inspections for the State of Texas. That firm must fill out a "City of Abilene Taxicab/Limousine Safety Inspection Report form". The original copy of that completed report must be attached to this application. Reinspection by independent mechanic. The independent inspection described in paragraph above must be repeated every six months. Permit holder shall submit the original copy of the "City of Abilene Taxicab/Limousine Safety Inspection Report" to the City. Permit Fee for Vehicles and Drivers. Check or money order shall be payable to the City of Abilene. The amount shall be as follows: \$ 25.00 per vehicle/per year Vehicle Permit Fee Driver Permit Fee \$ 25.00 per driver/per year Replacement Fee of required documents \$ 5.00 All permits expire on January 31. TO BE COMPLETED BY City of Abilene City of Abilene Permit Number on outside of vehicle in minimum 2 ½" high letters: Right Front Door? Left Front Door? Rear of Vehicle? Official maximum fare schedule on display inside the vehicle?\_\_\_\_\_ For All Vehicle Permits Authorized By: Fee Collected: Permit Number:

Permit Issue Date:

Issued By:

Date Permit Will Expire:

Name of Company:			
FURNISH THE NAMES, ADDRESSES, DATE OF BIRTH AND DRIVER'S LICENSE NUMBERS FOR EACH DRIVER OPERATING VEHICLES FOR THE COMPANY:			
Varia			
Date of Bitui.	1		DL#:
Name:			
Address:			
Date of Birth:	1		DL#:
Name:			
			DL#:
Name:			
Date of Birth:			
Name:			
Address:			
Date of Birth:		1	DL#:
Name:			
Date of Birth:			
Name:			
			DL#:
Date of Birth:	/	/	DL#:

## DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I,		, have been notified that a Computerized Criminal
	APPLICANT or EMPLOYEE NAME (Please print)  y (CCH) verification check will be perform	ned by accessing the Texas Department of Public Safety
Secure	e Website and will be based on name and D	OOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss <u>any</u> criminal history record information obtained using the <u>name and DOB</u> method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the <u>name and DOB</u> search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

## (This copy must remain on file by your agency. Required for future DPS Audits)

Date	-
	City of Abilene
Agency Name	(Please print)
Ti	ffni Hererra
Agency Repres	entative Name (Please print)
	gency Representative

Please: Check and Initial each Applicable Space
CCH Report Printed:
YES NO 174 initial
Purpose of CCH: Licensing
Hire Not Hired initial
Date Printed: initial
Destroyed Date: initial
Retain in your files

DESCRIBE THE MAKE, M NUMBER OF EACH VEHI		R, VEHICLE OWNER'S NAME AND ADDRESS AND LICENSE	
VEHICLE #:	Vehicle License Plate#:	Expires:	
		Expires:	
Make	Model	Vehicle Identification Number (VIN)	
Year	Name and Address of Owner		
VEHICLE #:	Vehicle License Plate#:	Expires:	
		Expires:	
Make	Model	Vehicle Identification Number (VIN)	
Year	Name and Address of Owner		
VEHICLE #:	Vehicle License Plate#:	Expires:	
		Expires:	
Make	Model	Vehicle Identification Number (VIN)	
Year	Name and Address of Owner		
VEHICLE #:	Vehicle License Plate#:	Expires:	
	Tx Inspection Sticker#:		
Make	Model	Vehicle Identification Number (VIN)	
Year	Name and Address of Owner		
VEHICLE #:	Vehicle License Plate#:	Expires:	
	Tx Inspection Sticker#:	Expires:	
Make	Model	Vehicle Identification Number (VIN)	
Year	Name and Address of Owner		
VEHICLE #:	Vehicle License Plate#:	Expires:	
	Tx Inspection Sticker#:	-	
Make	Model	Vehicle Identification Number (VIN)	
Year	Name and Address of Owner		