



APPLICATION FOR TAXICAB/LIMOUSINE LICENSE
Application Fee: One Hundred dollars (\$100.00) yearly

License: [] Taxicab [] Limousine Classification: [] Operating Only [] Dispatch Only [] Both

Name of Business:
Address:
Phone/Cell Number:
E-Mail:
Name of Applicant:
(if different from Owner:)

Name of Owner:
Address:
Phone/Cell Number:
E-Mail:

List all trade names under which applicant does or intends to do business:

Insurance Attached: [] Yes [] No

Fares Attached: [] Yes [] No

Acknowledgement of Owner/Applicant

I, _____, do affirm that the above information is true and correct to the best of my knowledge and I have attached a listing of fares and a certificate of insurance which are true and correct documents.

Signature of Owner/Applicant

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 Use Only
License # _____ Fee Rec'd: _____ Transacton # _____
Issue Date: _____ Expiration Date _____
License & Permits are non-transferable

Please read:

Applicant

Denial of Application may be based on one of the following:

1. Applications for license that are incomplete under Chapter 31 of the Abilene City code shall be denied by the City Secretary.
2. The Chief of Police shall recommend disapproval of an application if the applicant's past criminal history, including known criminal investigations, includes felony or misdemeanor charges that relates to the conduct of the operator's business or results from an assault against person.

RELEASE FOR APPLICANT CRIMINAL RECORDS CHECK:

I, the undersigned, do hereby request and specifically authorize you to release to the City of Abilene, any and all information you have regarding any arrest and/or convictions. I am fully aware of the fact that this information will be used in conducting a background investigation and local wanted and records check. I hereby release the City of Abilene, the Abilene Police Department, its agents and employees from any and all liability and/or damage which may result from the furnishing of any local records check information.

Have you been convicted of a felony? Yes _____ No _____

PRINT FULL NAME _____ DATE OF BIRTH _____

Signature: _____ Date: _____

Current Address: _____ City, State, And Zip: _____

Cell Number _____

Company/Organization: _____

City of Abilene Use Only

DPS – Criminal History Date run: _____ Passed Failed Initials _____
Police Department: Approved Disapproved Initials _____
Driver Permit # _____ Fee Rec'd: _____ Transaction # _____
Issue Date: _____ Expiration Date _____

\$25.00 Non-Refundable Fee per driver

Driver Information

Company _____
Driver's First Name: _____ Middle _____ Last _____
Current Address: _____
City _____ State _____ Zip code _____
Phone: _____

(If less than 3 years at the above address, list previous addresses for the past 3 years:)

Address: _____ City _____ State _____ Zip code _____
Address: _____ City _____ State _____ Zip code _____
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?
1. Have you ever had a City of Abilene taxi driver permit revoked?..... Yes No
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?...
Yes No
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.

Empty rectangular box for providing explanations.

Acknowledgement of Driver

I, _____, 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 Use Only
DPS - Criminal History Date run: _____ Passed Failed Initials _____
Police Department: Approved Disapproved Initials _____
Driver Permit # _____ Fee Rec'd: _____ Transaction # _____
Issue Date: _____ Expiration Date _____

Proof of State Registration of Vehicle. Prior to issuance of permit, the applicant must provide proof of State of Texas Registration for each vehicle.

Permit Fee for Vehicles and Drivers. Check or money order shall be payable to the City of Abilene. Cash is also accepted. The amount shall be as follows:

Vehicle Permit Fee	\$ 25.00 per vehicle/per year
Driver Permit Fee	\$ 25.00 per driver/per year
Replacement Fee of required documents	\$ 5.00

All permits expire on January 31.