



APPLICATION FOR TAXICAB/LIMOUSINE LICENSE

ALL LICENSES EXPIRE JANUARY 31ST

from date of issue

FOR OFFICE USE ONLY	
License No:	_____
Date received:	_____
Amount paid:	\$ _____
Transaction #:	_____
Permit type:	Annual: Expires January 31 st
Expiration Date:	_____
Sent to PD:	_____
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sent to Transportation:	_____
	<input type="checkbox"/> Yes <input type="checkbox"/> No

License & Permits are non-transferable

Company Information

Fees: Advance Payment:

- Company: \$100.00
- Drivers: \$25.00 per driver
- Vehicles: \$25.00 per vehicle

License: Taxicab Limousine Classification: Operating Only Dispatch Only Both

Name of Business: _____
 Address: _____
 Phone/Cell Number: _____
 E-Mail: _____

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

Name of Applicant: _____
 (If different from Owner:)

- Will applicant be driving a company taxicab or limousine? : Yes No
- List all trade names under which applicant does or intends to do business: _____

Documentation Required/Attached:

Current state issued license for owner and all drivers: Yes No Fare Schedule: Yes No
 Certificate of liability insurance Yes No Vehicle registration including vehicle sticker (photo image): Yes No
 Proof of passing state safety inspection: Yes No License plate: (photo image): 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

My Commission expires:

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, Zip: _____

Cell Number: _____ Company/Organization: _____

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

My Commission expires: _____

Driver Information

Taxicab/Limousine License
\$25.00 Non-Refundable Fee per driver

Company: _____
Driver's Full Name: _____
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

1. Have you been previously issued an Abilene taxi drivers permit? Yes No
Last year issued?: _____
2. Have you ever had a City of Abilene taxi driver permit revoked?..... Yes No
3. Has your Driver's License been suspended or revoked?..... Yes No
4. Are there any criminal investigations, charges pending or warrants outstanding against you? Yes No
5. Have you been involved in any accidents in the last 3 years?..... Yes No
6. 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

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

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Notary Public
My Commission expires: _____

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Please read:

Driver

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Have you been convicted of a felony? Yes No

Print Full Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Current Address: _____ City, State, Zip: _____

Cell Number: _____ Company/Organization: _____

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

My Commission expires: _____

The following Information Must Be Included with EVERY Application

- Completed Application (Company or Driver); must be notarized
- Background Check Authorization Form (Company or Driver); must be notarized
- Current State Issued Photo ID (Owner & Driver)
- Proof of passing the state safety inspection for each vehicle
- Vehicle registration documents, including the sticker, for each vehicle
- Photo of the license plate for each vehicle
- Copy of Valid Insurance (personal if you are driving your own car)

A copy of the company’s Certificate of Liability Insurance Must be on file with the City Secretary’s Office

- Minimum Insurance Requirements for taxicabs/limousines:

TYPE	AMOUNT
Comprehensive auto (or business auto) liability insurance covering: (1) All owned/leased vehicles (2) All hired vehicles	Limits of liability bodily injury:
	\$100,000.00 per person
	\$300,000.00 per occurrence
	and
	Property damage:
	\$100,000.00 per occurrence
	or
	\$300,000.00 combined single limit per occurrence for bodily injury and property damage

A copy of the Company’s fare Schedule must be on file with the City Secretary’s Office

The City Secretary’s office will take a photograph of every driver for the permit

Fees:

- Company - \$100 per year
- Drivers - \$25 per driver
- Vehicles - \$25 per vehicle
- Replacement documents - \$5

If any of the above documentation is not included and fees are not paid, the application will not be processed.