



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

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

Insurance attached: Yes No

Fares attached: Yes No

Vehicle Permit Information:

(For additional vehicles – See Exhibit A – attached)

Make: _____ Model: _____ Year: _____ TX License Plate #: _____ Expires: _____
VIN#: _____ TX Inspection Sticker #: _____ Expires: _____
Owner of Vehicle: _____
Applicant: _____
Other than Applicant: _____
Address: _____

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



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 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:

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.

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:	
Date Permit Will Expire:	
Issued By:	

Name of Company: _____

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#: _____

Name: _____

Address: _____

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

Name: _____

Address: _____

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

Name: _____

Address: _____

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

Name: _____

Address: _____

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

Name: _____

Address: _____

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

Name: _____

Address: _____

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

Name of Company: _____

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

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#: _____	Expires: _____
_____ 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#: _____	Expires: _____
_____ 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#: _____	Expires: _____
_____ Make	_____ Model	_____ Vehicle Identification Number (VIN)
_____ Year	_____ Name and Address of Owner	