TAXICAB/LIMOUSINE PERMIT APPLICATION

ALL LICENSES EXPIRE JANUARY 31st FROM DATE OF ISSUE

CITY OF ABILENE TEXAS

FOR OFFICE USE ONLY	
License No:	_____
Date received:	_____
Amount paid:	$_____
Drivers/Vehicles Paid for:	_____
Transaction #:	_____
Expiration Date:	_____
DPS Check Date:	_____
Police Check Date:	_____

Permits are Non-Transferrable

Company Information

Non-Refundable Fees:

- Company: $100.00
- Drivers: $25.00 per driver
- Vehicles: $25.00 per vehicle *(does not apply to pedi-cabs, horses, etc.)*

License Type: ☐ **Taxicab** ☐ **Limousine** **Classification:** ☐ **Operating Only** ☐ **Dispatch Only** ☐ **Both**

Name of Business: _____ **Name of Owner:** _____

Business Address: _____ **Owner Address:** _____

Business Phone #: _____ **Phone/Cell Number:** _____

Business e-Mail: _____

Name of Applicant *(if different from owner):* _____

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

_____

The following documentation must be provided upon receipt of application:

Current State issued driver's license for owner and all drivers
Fare Schedule
Certificate of Liability Insurance with appropriate coverage
Vehicle registration paperwork, including a photo of the current sticker, for each vehicle
Photo of the license plate for each vehicle

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, 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.

Sworn to and subscribed before me this _____ day of_____ 20_____.

(notary seal)

_____
Licensing Officer

CITY OF ABILENE TEXAS

Driver Information

FOR OFFICE USE ONLY

License No: _____
Date received: _____
Amount paid: $_____
Drivers/Vehicles Paid for: _____
Transaction #: _____

Expiration Date: _____
DPS Check Date: _____
Police Check Date: _____

Permits are Non-Transferrable

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**_____

A Valid Drivers License Must Be Presented Upon Application

Have you been previously issued a taxi drivers permit from the City of Abilene?	☐ Yes	☐ No
If Yes, please indicate last year issued: _____		
Have you ever had a City of Abilene taxi driver permit revoked?	☐ Yes	☐ No
Has your Driver's License been suspended or revoked?	☐ Yes	☐ No
Are there any criminal investigations, charges pending, or outstanding warrants issued against you?	☐ Yes	☐ No
Have you been involved in any accidents in the last three (3) years?	☐ Yes	☐ No
Have you ever been convicted of a felony?	☐ Yes	☐ No

If any questions were answered "Yes" above, please provide a complete explanation, including 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 and I have attached a listing of fares and a certificate of insurance which are true and correct documents.

_____
Signature of Driver

BEFORE ME, the undersigned authority, 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.

Sworn to and subscribed before me this _____ day of_____ 20_____.

_____
Licensing Officer

(notary seal)

Please read:

Denial of Permit 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, as well as deferred adjudication. 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 Phone Number: _____

Company:_____