APPLICATION FOR PEDICAB-DRIVER'S PERMIT

The following information is required pursuant to Section 90.201 of the City of San Marcos Code of Ordinances.

1. Name of Pedicab company: _____

2. Name of Driver: _____
   Address of Driver: _____

   Driver's License Number: _____
   Telephone Number of Driver: _____

   Name of Driver: _____
   Address of Driver: _____

   Driver's License Number: _____
   Telephone Number of Driver: _____

   Name of Driver: _____
   Address of Driver: _____

   Driver's License Number: _____
   Telephone Number of Driver: _____

   Name of Driver: _____
   Address of Driver: _____

   Driver's License Number: _____
   Telephone Number of Driver: _____

3. Date of Application: _____

4. Attach a copy of driving record of each driver listed on the application.

There is currently an insurance policy in effect covering the above driver(s) while the driver(s) are engaged in providing pedicab service.

_____
Name of Pedicab Company

By: _____
Owner of Pedicab Company

STATE OF _____

COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned authority, this _____ day of _____, 2_____, by _____.

_____
Notary Public, in and for the State of Texas