



License No.: \_\_\_\_\_

## City of Rosenberg TAXICAB LICENSE APPLICATION

2220 4<sup>th</sup> Street, Rosenberg, Texas 77471  
 Telephone: 832-595-3500 Fax: 832-595-3501  
 Inspection Request – Fire Marshal's Office: 832-595-3645

Owner's Name: \_\_\_\_\_ DL # & State: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Residential Address for Previous (2) years; if different from above: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

**If a Corporation, list officers:**

President: \_\_\_\_\_ Address: \_\_\_\_\_

Vice President: \_\_\_\_\_ Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Address: \_\_\_\_\_

Secretary: \_\_\_\_\_ Address: \_\_\_\_\_

**If a Partnership, list partners:**

Managing Partner: \_\_\_\_\_ Address: \_\_\_\_\_

Partner: \_\_\_\_\_ Address: \_\_\_\_\_

Partner: \_\_\_\_\_ Address: \_\_\_\_\_

Partner: \_\_\_\_\_ Address: \_\_\_\_\_

Number of Taxicabs Owner Proposes to Operate in the City: \_\_\_\_\_

### VEHICLE DESCRIPTION LIST

List the description of each vehicle for which the permit is sought (attach separate sheet if more than 5)

Make of Vehicle	Year Model	Body Style	License Plate Number	Motor Vehicle Number

**EMPLOYEE LIST**

List names and addresses of each employee including drivers (attach separate sheet if more than 5)

Name	Address	Driver's License No. (if driver)

*I hereby certify that all drivers of a taxicab hold a valid Class C driver's license issued by the State of Texas, Department of Public Safety, and do not have convictions for driving while intoxicated within three (3) years, or more than three (3) moving violation within a twelve (12) month period. I further certify that the information as listed above and in the attachments hereto is true and correct.*

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

(Seal)

Expiration Date: \_\_\_\_\_

**PERMITTEE IS REQUIRED TO PERIODICALLY UPDATE THE LIST OF DRIVERS AS NECESSARY TO ADD OR DELETE DRIVERS.**

**PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:**

1. Fee of **\$50.00** for the first vehicle and **\$25.00** for each additional vehicle.
2. A surety bond issued by a bond or insurance company in the sum of **\$1,000.00**, payable to the City of Rosenberg, conditioned that the permittee will abide by all the rules.
3. A certificate of insurance issued by a insurance company licensed to do business in the State of Texas covering public and personal comprehensive general liability for any damages that may be occasioned, by reason of the operation of the taxicab business providing no less than the minimum coverage required to "show proof of financial responsibility" as that term is defined in the Texas Motor Vehicle Safety Responsibility Act as now in force or hereafter amended. Such policy must contain a provision of an endorsement requiring that the City be given ten (10) days notice before the policy can be canceled for any cause. Such policy shall name the City of Rosenberg as an additional insured.

**FOR CITY USE ONLY**

City Manager's Approval	Date Approved	Taxicab Permit No.	Date Issued	Date Expires