

# LIMOUSINE PERMIT APPLICATION

(As required by Sec. 5.611)

1. Owners Name:

\_\_\_\_\_

2. Business Name:

\_\_\_\_\_

3. Business

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

4. Telephone No.:

\_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

5. Form of Business:

Corporation \*     Partnership \*     Association \*     Sole Proprietorship

\*Please attach any documents establishing this form of business.

6. Names and Addresses of Each Person with Direct Interest in the Business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Description of Past Business Experience of Applicant (particularly in transportation of passengers):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever had a permit for any business that you had an interest in revoked or suspended?

YES     NO

If you answered "Yes" to the above question, please

explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. How many vehicles do you propose to employ in your business (please describe)?

Make	Year	Model	VIN	License Plate	Color


10. Describe proposed operations. Include location of local office:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Describe proposed insignia and color scheme for your vehicles:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Describe distinctive item of apparel to be worn by your drivers:

\_\_\_\_\_

\_\_\_\_\_

13. Copy of Compliance Bond as Required in Sec. 5.607 (City Code): \_\_\_ Attached

14. Copy of Certificate of Insurance as Required in Sec. 5.618 (City Code): \_\_\_ Attached

15. Copy of receipt showing payment of property taxes for property used in connection with transportation business: \_\_\_ Attached

16. Copy of financial statement showing assets, liabilities, and equity of business: \_\_\_ Attached

17. Copy of Schedule of Fees: \_\_\_ Attached

18. List name of all drivers with chauffeur license number and date of issue: \_\_\_ Attached

19. Please add any other information that would be helpful in the evaluation of this application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, say that the information provided in the above application is true and correct to my own personal knowledge. I am fit, willing and able to operate the taxicab(s)/ limousine(s) in accordance with the requirements of Chapter 5, Article 5.500/5.600, of the Official Code of the City of San Angelo and other applicable law.

\_\_\_\_\_  
Applicant

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

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Commission Expires

Please mail/process application with the Water Billing Department, P.O. Box 5820, San Angelo, Texas  
76902 or call 657-4409.