



Taxi-Cab Permit Application



FRAUDULENT / FALSE INFORMATION WILL RESULT IN IMMEDIATE DISQUALIFICATION

PLEASE PRINT

(Illegible and/or incomplete applications will be DENIED)

Applicant's Full Name: _____

Applicant's Physical Address: _____ Phone: _____

Business Name: _____ Tax ID# _____

Business Physical Address: _____ Phone: _____

Business Mailing Address: _____

Are you at least 19 years of age? _____ Date of Birth: _____

Are you a U.S. citizen and authorized to work full time in the U.S.? _____

Do you hold a valid Texas Driver's License? _____ TXDL# _____

Expiration Date: _____

Are you able to communicate in the English language? _____

Do you have any physical or mental disabilities that would prohibit you from maintaining control of a motor vehicle? _____

Have you been convicted of 3 or more moving traffic violations in the past 12 months? _____

Have you been in 2 or more at fault accidents in the past 12 months? _____

Have you been convicted of a felony offense in the past 5 years? _____ If yes, please list:

Have you been convicted of a Class A or B Misdemeanor in the past 2 years? _____ If yes, please list: _____

Are you a convicted Sex Offender? _____ If yes, State of Conviction: _____

Date of Conviction: _____

In the past 12 months, have you completed a defensive driving course approved by the NATIONAL SAFETY COMMISSION? _____ *(must provide copy of certificate)*

Name of Insurance Co. _____

Policy No. _____ Amount of Coverage: _____

(must provide proof)

I authorize the Texas City Police Department to conduct a criminal history and background investigation and authorize release of any information.

APPLICANT'S SIGNATURE

DATE

