

# **CITY OF COLLEGE STATION**

Police Department 800 Krenek Tap Rd College Station, Texas 77840 (979) 764-6277 FAX (979) 764-3828



### **Taxicab Vehicle Permit Application**

Name of Applicant:			
Applicant Address:			
Applicant Phone Number:  Applicant Operating License # (Texas DL):			
			Vehicle Registered Owner (if different than Applicant):
If applicable, complete the follo	wing:		
O Corporation Name:	Address:		
Place of Incorporation:	Address.	Telephone Number:	
<ul><li>Partnership Name of Partnership</li></ul>			
Name:	Address:		
Name:Address:Name:Address:			
		VIN #:	
venicle rimary Color.	Body Style	M.R. Seating Capacity:	
Texas License Plate #:	V6	ehicle Registration Expiration:	
Fire Extinguisher: YES or NO			
Cleanliness: PASS or FAIL			
Rates and fares displayed inside	(front and back seats):	YES or NO	
Rates and fares displayed outsid	le (driver and passenge	r side): YES or NO	
Taxi Permit Visible to Occupan	ts: YES or NO		
Business Name and Phone Num	ber with letters at least	2 ½" in height: YES or NO	
(See back of page for continuati	ion of requirements)		



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Insurance Carrier:			
(Copy of Certificate of Insurance must be attached - State Form ACORD 25)			
I hereby state that all information provided	on this application is true and correct.		
(Applicant's Signature)			
Sworn and Subscribed on this day of	, 20		
Notary Public, State of Texas	Commission Expires		
Permit Fees - \$10.00 If on or after	June 30 - \$5.00		
Replacement Fee for lost of damaged permits - \$5.00			
Amount Collected:  Date Issued:	Collected by: Issued by:		