

APPLICATION FOR OPERATING TAXIS
PORT ARANSAS, TEXAS

DATE _____

APPLICANTS NAME _____

ADDRESS _____

PHONE _____

HAS APPLICANT EVER BEEN REFUSED TO BE BONDED? _____

HOW LONG HAS APPLICANT BEEN A BONA FIDE RESIDENT? _____

TYPE OF VEHICLE TO BE USED? _____

DOES VEHICLE PASS ALL STATE REQUIREMENTS? _____

WILL APPLICANT ABIDE BY ALL LAWS OF THE STATE OF TEXAS GOVERNING
THE OPERATION OF VEHICLES FOR HIRE? _____

WILL APPLICANT COMPLY WITH ALL THE INSURANCE REQUIREMENTS COVERING
PUBLIC LIABILITY, PROPERTY DAMAGE AND COLLISION INSURANCE? _____

NAME OF COMPANY _____

WILL APPLICANT AGREE THAT NO SOLICITATION FOR BUSINESS WILL BE
MADE AT ANY PLACE OF BUSINESS OR ENTRANCE TO PLACE OF BUSINESS
WITHOUT CONSENT OF THE OWNER OF SAID BUSINESS? _____

WILL APPLICANT COMPLY WITH CITY ORDINANCE THAT TAXI WILL NOT BE
USED FOR ASSISTING OR ABETTING PANDERING OR PROSTITUTION IN ANY
FORM? _____

WILL APPLICANT AGREE TO PAY THE CITY OF PORT ARANSAS A PERMIT FEE
PER YEAR FOR A PERMIT TO OPERATE SAID TAXI? _____

SIGNATURE OF APPLICANT

NOTARY _____

DATE _____