

CITY OF SOUTH PADRE ISLAND

PERMIT / REPLACEMENT OF VEHICLE APPLICATION
(Taxi, Tour, Shuttle)

(1) Permit # (if issued) SPI _____ - _____

Date issued: _____ / _____ / _____

(2) COMPANY NAME _____

dba _____

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(3) If replacing a vehicle, please answer the following:

Prior permit number SPI _____ - _____

Prior vehicle description _____

(4) Name of owner _____

Last First Middle

Date of Birth _____ Place of birth _____

(5) Mailing address _____

(6) Home phone _____ Cell phone _____

(7) Previous address _____

_____ How long _____

(8) TDL # _____ Class _____ Expires _____

(9) Age _____ Race _____ Wt _____ Ht _____ Eyes _____ Hair _____

(10) Main office address _____

Location of dispatch office _____

Proposed hours of operation _____

Business Phone _____

Private property address where vehicle(s) will be kept while off-duty _____

Location of on-duty stands _____

Written permission attached _____

(11) Proposed number of vehicles in operation _____

(12) Color scheme _____

(13) Vehicle Description _____

Year Make Model

Vehicle Identification Number _____

Texas License Plate # _____ Expires _____

(14) Previous experience of applicant in the operation of taxis, shuttles, touring vehicles, limousines _____

(15) If partnership or corporation, give information for each person on back _____

(16) Applicant's previous place of employment _____

(17) Three character references other than family or employees:

A. _____ B. _____

C. _____

(18) List any criminal convictions _____

(19) List physical infirmities; deformities, or physical or mental handicaps _____

(20) State reasons approval of application will benefit and serve the Community _____

(21) Has written approval for parking and /or taxi stands been attached _____

(22) Has copy of insurance policy been attached _____

PLEASE HAVE THE FOLLOWING NOTARIZED:

DATE

SIGNATURE of owner

STATE OF TEXAS
COUNTY OF CAMERON

On this day personally appeared _____

Before me and being duly sworn, declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application, and the statements therein contained are true.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ ,

Printed name

(Seal)

Signature

My commission expires _____