City of Kemah
Taxicab Permit Application

Applicant name: _____

Current Address: _____ City: _____ Zip: _____

Phone Number: _____

Drivers License Number: _____ Class: _____

Expiration Date:_____

Social Security Number: _____ - _____- _____

What type of entity do you represent? Individual Corporation Partnership

Trade name under which the taxicab(s) will be operated. _____

Location where the taxicab(s) will be stationed. _____

☐ Complete list of all taxicabs to include; make, model, year of vehicle, license plate number, and any company identification number.

☐ Copy of the current Texas annual motor vehicle inspection report or certificate.

☐ Copy of the public liability insurance with at least $100,000 per person and $300,000 per occurrence of injury, death, or property damage. This must be issued by an insurance company rated by the State of Texas as acceptable to the City of Kemah for losses that may result from operation of the taxicab within the City of Kemah.

☐ Application Fee

I certify that the information contained in this permit is true and correct and that I will comply with City Ordinance 1003, which governs the operation of taxicabs within the City of Kemah. I further certify that none of the drivers, officers, or owners has been convicted of a felony or a crime involving moral turpitude.

_____ _____

Signature of Applicant Date

_____ _____

City Secretary or Representative Date

City of Kemah
Taxicab Permit Application/Corporation Attachment

Corporation's Full Corporate Name:_____

State of Registration: _____

Principal Place of Business:_____

Name and Drivers License Number of all Current Officers of Corporation:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

City of Kemah
Taxicab Permit Application/Partnership Attachment

Name of Partnership: _____

Principle Place of Business: _____

Names, Drivers License Number, and Resident Addresses of all Partners:

Name: _____ Drivers License:_____

Address:_____

City:_____ State:_____

Name: _____ Drivers License:_____

Address:_____

City:_____ State:_____

Name: _____ Drivers License:_____

Address:_____

City:_____ State:_____

Name: _____ Drivers License:_____

Address:_____

City:_____ State:_____

Name: _____ Drivers License:_____

Address:_____

City:_____ State:_____

Name: _____ Drivers License:_____

Address:_____

City:_____ State:_____