

**CITY OF DEER PARK**  
**APPLICATION FOR TAXICAB BUSINESS OPERATING LICENSE**  
Owner must fill in all applicable blanks. Please print or type all information.

Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

If partnership, give name and addresses of all partners. If Corporation, give name and address of President and Secretary. (Print or type information)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

President \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Secretary \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Insurance Carrier Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

ATTEST:

\_\_\_\_\_

Secretary

\_\_\_\_\_

Authorized Agent Signature

Applicant or

This is to certify that the City Council of the City of Deer Park, Texas has granted the above referenced applicant a license to operate a taxi cab business for the year \_\_\_\_\_, and that applicant has deposited with the City Secretary: copies of liability insurance as required by the Code.

Witness our hands at Deer Park, this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

ATTEST:

\_\_\_\_\_

City Secretary

\_\_\_\_\_

Deer Park

Mayor, City of

List of all vehicles which will be used under this license on the reverse side of form or attach a list.


