



CITY OF RICHMOND PERMITS & LICENSING DIVISION

600 MORTON STREET * RICHMOND, TEXAS 77469

PHONE 281 / 232-6871 * FAX 281 / 238-1215 *

TAXICAB DRIVER PERMIT APPLICATION

Date: _____ Please Complete All Items. Incomplete Applications Must be Rejected

TAXICAB Business Name (DBA): _____

Business Address: _____

TAXICAB Driver Information

Name: _____ Date of Birth: _____ Month _____ Day _____ Year _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____ State of Issuance: _____ Class: _____ Exp.: _____

Residence Address Last 5 years: _____

Have you been licensed previously as a taxicab driver? Yes No If so, how long & where? _____

Have you had your State Issued Operator's License Revoked? Yes No If so, provide complete details on a separate Sheet _____

Have you ever been convicted of a felony or a misdemeanor greater than a Class C? Yes No If so, provide complete details on a separate Sheet _____

Are you currently charged with a felony or a misdemeanor greater than a Class C? Yes No If so, provide complete details on a separate Sheet _____

Must Attach the Following: Application Fee: \$25.00 Non-refundable

Must apply in person

A photograph of passport size and quality of the driver.

Present a valid Texas Driver's License.

Complete the **Texas Department of Public Safety** Form DR-36 (Rev. 5/10) entitled "*REQUEST FOR A CERTIFIED ABSTRACT OF AN OPERATING RECORD*" and submit such application to the Texas Department of Public Safety with a notation that the Requestor's Name is: **Robert J. Haas, TX DL# 06616545**

Mail Driver Record to: **City of Richmond, TaxiCab Administrator -- 112 Jackson Street -- Richmond, TX 77469**

FEE SCHEDULE : Taxicab Driver Issuance Fee \$25.00

This Permit Expires One Year from the date of issuance.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND AGREE TO ALL CONDITIONS STATED HEREIN, AND VERIFY THAT ALL THE INFORMATION PROVIDED IS TRUE AND CORRECT.

SIGNATURE OF DRIVER APPLICANT

Date

THE STATE OF TEXAS
COUNTY OF FORT BEND

BEFORE ME, the undersigned authority, on this day appeared _____, known to me to be the person whose name is signed to the foregoing application and duly sworn by me states, under oath, that he has read the said application and that all of the facts therein set forth are true and correct.

Sworn to before me, this, the _____ day of _____, 20____.

Notary Public in and for Fort Bend County, TX

NOTARY SEAL