

CITY OF RICHMOND PERMITS & LICENSING DIVISION

600 MORTON STREET * RICHMOND, TEXAS 77469

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

TAXICAB DRIVER SCHEDULE

Date: _____			Please Complete All Items. Incomplete Applications Must be Rejected
TAXICAB Business Name (DBA): _____			
Business Address: _____			
Include All TaxiCab Drivers for the the Above Referenced TaxiCab Business			
Cross out all lines not used.			
1	Driver's Name _____	D.O.B. _____	City of Richmond TaxiCab Driver's Permit Number: _____
2	Driver's Name _____	D.O.B. _____	City of Richmond TaxiCab Driver's Permit Number: _____
3	Driver's Name _____	D.O.B. _____	City of Richmond TaxiCab Driver's Permit Number: _____
4	Driver's Name _____	D.O.B. _____	City of Richmond TaxiCab Driver's Permit Number: _____
5	Driver's Name _____	D.O.B. _____	City of Richmond TaxiCab Driver's Permit Number: _____
6	Driver's Name _____	D.O.B. _____	City of Richmond TaxiCab Driver's Permit Number: _____
7	Driver's Name _____	D.O.B. _____	City of Richmond TaxiCab Driver's Permit Number: _____
8	Driver's Name _____	D.O.B. _____	City of Richmond TaxiCab Driver's Permit Number: _____
9	Driver's Name _____	D.O.B. _____	City of Richmond TaxiCab Driver's Permit Number: _____
10	Driver's Name _____	D.O.B. _____	City of Richmond TaxiCab Driver's Permit Number: _____
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 CONTRACTOR/OWNER OR AUTHORIZED AGENT			_____ Date