



**CITY OF AUSTIN
AUSTIN MOBILITY SERVICE DIVISION**

Application for Ground Transportation Service Operating Authority

1. Service Name: _____ Telephone #: _____
 Business Address: _____ Fax #: _____
 Street City State Zip
 Email Address _____

2. Please circle the type(s) of Operating Authority requested:

| Limousine Service | Shuttle Service | Charter Van | Pedicab Service | Electric Assist Pedicab Service | Group Cycle |
 Touring/Sightseeing | Taxicab Service

3. The following information must be provided for the applicant, each officer, director, partner, and any other person who will participate in the business decisions of or who has the authority to enter contracts on behalf of the ground transportation service. This information is to be provided on a separate page and attached to the application.

Name: _____ Texas Drivers License #: _____

Address: _____ Telephone #: _____
 Street City State Zip

Number of years of Texas residency: _____

Provide a description of all criminal convictions and attach a criminal history certified by the Texas Department of Public Safety. The certification of the criminal history information must have occurred within 30 days preceding the submission of the application.

4. Number of permits requested for each service:

- Limousine _____ (Minimum 1 Stretch Limo OR 4 Luxury SUV)
- Shuttle _____ (Minimum 10)
- Charter Van _____ (Minimum 1)
- Pedicab _____ (Minimum 1)
- Electric-Assist Pedicab _____ (Minimum 1)
- Group Cycle _____ (Minimum 1)
- Touring/Sightseeing _____ (Minimum 1)
- Taxicab Service _____ (Minimum 23 Regular & 2 WAV)

5. Provide the following information for each vehicle to be used to provide the service (if additional space is needed include on a separate page):

Yr.	Make	Model	Body Style	Passenger Capacity	Service Type*	License Number	Vehicle Identification Number
1. _____							
2. _____							

3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

** (L) Limousine (S) Shuttle (CV) Charter Van (PED) Pedicab (EPED) Electric-Assist Pedicab (GC) Group Cycle
 (T) Touring/Sightseeing (TC) Taxicab

6. Name of Insurance Co.: _____ Agent Name: _____
 Agent Phone #: _____ Agent Insurance License #: _____

7. The applicant must provide the following information and attach as part of the application:

- a. Copies of the appropriate following documents to verify that each vehicle proposed to be operated by the applicant is owned, leased, or under contract by the applicant:
 1. Certificate of Title.
 2. Lease/rental contract, or
 3. Other contract as appropriate.
- b. Certified copies of any documents required by state law to be filed for the business entity to legally exist, and a statement from the Texas Secretary of State certifying that the business is in good standing if state law requires the entity to file documents with the Texas Secretary of State.
- c. A description of the applicant's ground transportation service experience.
- d. A detailed description of the proposed service.
- e. The proposed rate of fare.
- f. An Acord certificate of liability insurance as proof of insurance coverage, listing the City of Austin as additional insured with the following address: City of Austin, 1501 Toomey Rd. Austin Texas, 78704 Attn: Courtney R. Henry
- g. An affidavit certifying that there are no outstanding judgements related to ground transportation service against a person described in Item #3 of this application.
- h. Any service that utilizes vehicles with a passenger capacity of 16 or more, including the driver, and desire the drivers to be exempt from the Chauffeur's Permit requirement must submit the driver's license number and a photocopy of each driver's license of the drivers that possess a valid Class "B" or "C" commercial driver's license with a passenger endorsement issued by the State of Texas and a certificate stating that the driver is physically qualified to drive a commercial motor vehicle issued by a qualified medical examiner.
- i. Shuttle and non-motorized service applicants must submit proposed routes, stops, and schedules for approval by the Department.

- j. Horse-drawn carriage service applicants must provide:
 1. Identify the location of all barns, stables, or other housings for horses and carriages.
 2. Describe the method to be used for keeping all carriage routes clear and free of animal void and excrement.
 3. Provide a letter from a licensed veterinarian identifying each animal and stating that each animal is in good health and capable of pulling a horse-drawn carriage with passengers.
 4. Submit the type of horseshoes to be used on each animal for Department approval.
 5. And, describe the carriage wheels.

- k. Taxicab Service applicants must provide:
 - l. Proposed Trade Name (d.b.a.).
 - m. Proposed color scheme (if any).
 - n. Include color photographs of the vehicles showing necessary logos (front, rear, both sides).
 - o. Include photographs of meter types to be used along with any support documentation.
 - p. Include photographs of the proposed rate card and placement inside the vehicle.
 - q. Include company organization chart including all pertinent management staff.

8. A \$100.00 non-refundable operating authority application fee must be submitted with the application (per industry).

I, _____, applicant, do swear or affirm that all of the information included within this application is accurate, and I understand that any omitted information or information found to be inaccurate will result in the denial of this application for operating authority or the revocation of an operating authority that is granted based on the information provided in this application. I also swear or affirm that I have read and understand Chapter 13-2 of the Austin City Code relating to Ground Transportation Services and agree to comply with the terms as written and as may be amended.

Signature of Applicant Date

**THE STATE OF TEXAS
COUNTY OF TRAVIS**

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 Travis County, TX