



Department Date Stamp

**CITY OF AUSTIN
AUSTIN TRANSPORTATION DEPARTMENT**

Application for Taxicab Franchise: New, Renewal, Transfer or Amendment

Note: An applicant for a new franchise to be considered for award under Austin City Code Section 13-2-308 or 309 shall include with the application all information requested in Exhibit "A" TAXICAB FRANCHISE EVALUATION/SELECTION CRITERIA included with this application in addition to the following information.

1. Applicant's Business Name: _____
 Assumed Name (if applicable): _____
 Business Address: _____
 Street City State Zip
 Telephone #: _____ Fax #: _____

2. The following information (2a & 2b) must be provided for the applicant, each officer, director, majority stockholder, partner, and any other person who will participate in the business decisions of or who has the authority to enter into contracts on behalf of the ground transportation service. This information is to be provided on a separate page and attached to the application.
 - 2a. Name: _____ Texas Drivers License #: _____
 Residence Address: _____
 Street City State Zip
 Mailing Address: _____
 Street City State Zip
 Telephone #: _____ Date of Birth: _____ No. of years of Texas residency: _____
 mo/day/yr

 - 2b. Provide a description of all criminal convictions and attach a criminal history certified by the Texas Department of Public Safety. If Texas residency has been less than one (1) year; the criminal history information must be provided and certified by the corresponding governmental authority in the former state(s) of residence. The certification of the criminal history information must have occurred within 90 days preceding the submission of the application.

3. Proposed trade name: _____

4. Existing trade name if transfer or change: _____

5. Attach 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.
6. Location of fixed facilities: _____
7. Number of permits requested: _____
8. Attach a list of vehicles to be used as taxicabs including year, make, model, license number, VIN, and registered owner.
9. Attach 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:
 - a. certificate of title
 - b. lease/rental contract, or
 - c. other contract as appropriate.
10. Color scheme of vehicles: _____
- 10a. Attach color photographs of the front, rear, and both sides of a vehicle painted in the proposed color scheme including any logos or distinguishing markings.
11. Attach a description of the two-way communication system proposed to be used by the applicant.
12. Attach a description of the taximeter proposed to be used by the applicant.
13. Attach proof of insurance satisfying the requirements of Section 13-2-34 of the Austin City Code.
14. Attach a current financial statement satisfying the requirements of Section 13-2-303(C)(1) of the Austin City Code.
15. Attach a description of any past ground transportation service experience operated by the applicant.
16. Attach a description of any revocation or suspension of a taxicab business and/or other ground transportation service operated by the applicant.
17. Attach a description of the proposed taxicab operation.
18. Attach a detailed statement providing evidence demonstrating the public necessity and convenience for the proposed taxicab franchise.
19. Attach a statement describing the effect of the proposed taxicab service on existing taxicab services.

- 20. As applicable, attach a list of any outstanding judgements related to ground transportation service against the applicant or a person described in #2 of this application, or an affidavit that there are no outstanding judgements that arise out of circumstances related to ground transportation service against the applicant or a person described in #2 of this application.
- 21. Attach a description of the proposed cooperative business model detailing driver ownership including organizational chart.

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 a taxicab franchise operating authority or the revocation of operating authority that is granted based on 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 Service, agree to provide citywide taxicab service in Austin 7 days a week and 24 hours a day, and agree to comply with the terms as written and as may be amended.

Signature of Applicant	Title	Date
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**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 _____, _____.
Month Year

Notary Public in and for Travis County, TX