



CITY OF BAYTOWN

City Clerk's Office
2401 Market Street Baytown, Texas 77520
Phone: (281) 420-6504 Fax: (281) 420-5891
Web: www.baytown.org

FOR OFFICE USE ONLY

Date Received: _____

Date Processed: _____

TAXICAB LICENSE AMENDMENT APPLICATION

SECTION I: Taxicab Company Information

Company Name: _____

Company Address: _____ City: _____ Zip: _____

Company Phone: _____ Secondary Phone: _____

Terminal Address: _____ City: _____ Zip: _____

Describe the major color or combination of colors on the taxicab fleet: _____

Sole Proprietorship Information

If the company is a sole proprietorship, list the name and address of the owner of the business.

Owner's Name: _____

Owner Address: _____ City: _____ Zip: _____

Partnership/Corporation Information

If the company is a partnership or corporation, list all the names and address of the partners or major officers.
If more space is needed, please attach a list of the names and addresses to this application.

Partner/Officer Name: _____

Partner/Officer Address: _____ City: _____ Zip: _____

Partner/Officer Name: _____

Partner/Officer Address: _____ City: _____ Zip: _____

Partner/Officer Name: _____

Partner/Officer Address: _____ City: _____ Zip: _____

Partner/Officer Name: _____

Partner/Officer Address: _____ City: _____ Zip: _____

Vehicle and Driver Information

Vehicle Listing – Use the Vehicle Listing on Page 2 of this application to list the required information for each vehicle. If more space is needed, make a copy of this page and attach it to your completed application.

Driver Listing – Use the Driver Listing on Page 3 of this application to list the required information for each driver. If more space is needed, make a copy of this page and attach it to your completed application.

SECTION II: Adding or Removing Vehicle(s)

- 1) Are you: ADDING or REMOVING
Make: _____ Model: _____ Seating Capacity: _____
VIN: _____ License Plate: _____

- 2) Are you: ADDING or REMOVING
Make: _____ Model: _____ Seating Capacity: _____
VIN: _____ License Plate: _____

- 3) Are you: ADDING or REMOVING
Make: _____ Model: _____ Seating Capacity: _____
VIN: _____ License Plate: _____

- 4) Are you: ADDING or REMOVING
Make: _____ Model: _____ Seating Capacity: _____
VIN: _____ License Plate: _____

- 5) Are you: ADDING or REMOVING
Make: _____ Model: _____ Seating Capacity: _____
VIN: _____ License Plate: _____

- 6) Are you: ADDING or REMOVING
Make: _____ Model: _____ Seating Capacity: _____
VIN: _____ License Plate: _____

- 7) Are you: ADDING or REMOVING
Make: _____ Model: _____ Seating Capacity: _____
VIN: _____ License Plate: _____

- 8) Are you: ADDING or REMOVING
Make: _____ Model: _____ Seating Capacity: _____
VIN: _____ License Plate: _____

- 9) Are you: ADDING or REMOVING
Make: _____ Model: _____ Seating Capacity: _____
VIN: _____ License Plate: _____

SECTION III: Adding or Removing Driver(s)

1.) Are you: ADDING or REMOVING

Full Name of Driver: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Texas DL No.: _____ Exp: _____ Social Security No.: _____

2.) Are you: ADDING or REMOVING

Full Name of Driver: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Texas DL No.: _____ Exp: _____ Social Security No.: _____

3.) Are you: ADDING or REMOVING

Full Name of Driver: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Texas DL No.: _____ Exp: _____ Social Security No.: _____

4.) Are you: ADDING or REMOVING

Full Name of Driver: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Texas DL No.: _____ Exp: _____ Social Security No.: _____

5.) Are you: ADDING or REMOVING

Full Name of Driver: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Texas DL No.: _____ Exp: _____ Social Security No.: _____

6.) Are you: ADDING or REMOVING

Full Name of Driver: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Texas DL No.: _____ Exp: _____ Social Security No.: _____

7.) Are you: ADDING or REMOVING

Full Name of Driver: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Texas DL No.: _____ Exp: _____ Social Security No.: _____

Driver Affidavit

I, _____ (Name of Driver) am over the age of eighteen (18) years of age and am fully competent to make this affidavit. I further do solemnly swear (or affirm) that I have not been convicted of a felony crime or a crime of moral turpitude within the preceding five (5) years. I also swear (or affirm) that I have not been convicted of the following crimes: driving while intoxicated (a final conviction within the most recent two years of licensing), aggravated assault, rape, or theft over \$200.00.

Driver Signature

THE STATE OF _____ §

COUNTY OF _____ §

SUBSCRIBED AND SWORN before me, this _____ day of _____, 20_____.

(Seal)

NOTARY PUBLIC STATE OF TEXAS

PLEASE NOTE THIS AFFIDAVIT MUST BE SIGNED SEPARATELY BY EACH DRIVER LISTED ON THIS APPLICATION. IF ADDITIONAL AFFIDAVITS ARE NEEDED, MAKE A COPY OF THIS PAGE AND ATTACH THE SIGNED AFFIDAVITS TO YOUR COMPLETED APPLICATION.

Application Attachments

<i>Attachment Number</i>	<i>Attachment Description</i>	<i>Is the Required Documentation Attached to this Application?</i>
1	FOR EACH VEHICLE: Nonrefundable License Fee: \$75 each vehicle (up to 10) and \$25 each vehicle thereafter	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	FOR EACH VEHICLE: Certificate of Calibration (<i>taximeter must be calibrated within the 30-day period immediately preceding the application</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	FOR EACH VEHICLE: Copy of State Inspection Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	FOR EACH VEHICLE: Proof of insurance covering all taxicabs under this license (<i>see Section 102-59 for specifications</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	FOR EACH DRIVER: Copy of State of Texas Department of Public Safety record	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	FOR EACH DRIVER: Copy of valid State of Texas driver's license	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	FOR EACH DRIVER: A 1 ¼ inch to 1 ¼ inch color passport-sized photograph in electronic format. Drivers have the option to take a picture in the City Clerk's Office by contacting: (281) 420-6504 Ext 8136	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	FOR EACH DRIVER: Signed, original Driver Affidavit	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant Affidavit

I, _____ (Name of Applicant)
 hereby state that the facts set out in the foregoing application are true and correct.

 Signature

 Title

THE STATE OF _____ §

COUNTY OF _____ §

SUBSCRIBED AND SWORN before me, this _____ day of _____, 20_____.

(Seal)

 NOTARY PUBLIC STATE OF TEXAS

City of Baytown Inspection Requirements

The City of Baytown requires that each taxi cab listed on this application be inspected by City staff to ensure compliance with Section 102-60 of the City of Baytown Code. Taxi cab inspections are performed on an appointment only basis by the Baytown Police Department Garage. You can schedule your appointment by calling: (281) 420-6651.

Other Important Information

- The fee for a Taxi Cab license is dependent on the number of vehicles listed on the application such that for the first ten vehicles listed the fee is \$75 for each vehicle and \$25 for each vehicle thereafter
- All taxicab licenses expire December 31st of each year and must be renewed annually
- Should you have any questions, feel free to contact the City Clerk's office, Phone: (281) 420-6504 Fax: (281) 420-5891 Web: www.baytown.org

Submission Instructions - Mail or deliver original application and supporting documentation to: City of Baytown, City Clerk's Office, 2401 Market Street, Baytown, TX 77520. The City Clerk's office accepts cash, check, money order, and credit/debit cards as forms of payment.