



# APPLICATION FOR TAXI COMPANY

City of Port Aransas  
Office of the City Secretary  
710 W. Avenue A  
Port Aransas, TX 78373-4128

New  Renewal  Date: \_\_\_\_\_

Applicants Legal Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Telephone # (24 hour line): \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Page: \_\_\_\_\_

Year	Model & Model	Color	Passenger Capacity	VIN #	License Plate #

Insurance Carrier/Agency: \_\_\_\_\_ (Copy attached). Policy must provide a 15 day cancellation notice to the City of Port Aransas.

Type of Ownership: Sole Proprietor  Partnership  Corporation

### AFFIRMATION

I hereby certify and affirm that all information I have given in this application is true and accurate to the best of my knowledge. I further certify and affirm that I have in no way attempted to mislead the City in this application by omitting facts known to me. I have read and understand the regulations of taxi cabs as found in the City of Port Aransas Code of Ordinances, Chapter 12 "Licenses and Business Regulations", Article VII "Vehicles for Hire", Division 2 "Taxis" (attached).

\_\_\_\_\_  
(Signature) (Date)

**PLEASE NOTE: Application must be complete and legible in order to be processed by the City of Port Aransas.**