



**CITY OF PHARR  
APPLICATION FOR TAXICAB SERVICES**

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1. BUSINESS NAME: \_\_\_\_\_
  2. BUSINESS ADDRESS: \_\_\_\_\_
  3. BUSINESS TELEPHONE NUMBER: \_\_\_\_\_
  4. OWNER'S NAME: \_\_\_\_\_
  5. OWNER'S ADDRESS: \_\_\_\_\_
  6. OWNER'S DRIVERS LICENSE #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_
  7. PROPOSED NUMBER OF DRIVERS: \_\_\_\_\_
  8. LIST NAMES OF DRIVERS: \_\_\_\_\_ DRIVERS' LICENSE NUMBER: \_\_\_\_\_
    - a) \_\_\_\_\_
    - b) \_\_\_\_\_
    - c) \_\_\_\_\_
    - d) \_\_\_\_\_
  9. PROPOSED NUMBER OF VEHICLES TO BE USED: \_\_\_\_\_
  10. **UNIT #1:**  
YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_  
MILEAGE: \_\_\_\_\_ HYBRID: YES \_\_\_ NO \_\_\_  
VEHICLE EXTERIOR CONDITION: \_\_\_\_\_  
VEHICLE INTERIOR CONDITION: \_\_\_\_\_
    - a) FIRE EXTINGUISHERS: YES \_\_\_ NO \_\_\_
    - b) SEAT BELTS: \_\_\_\_\_
    - c) OVERALL APPEARANCE: \_\_\_\_\_
    - d) TAXIMETER: YES \_\_\_ NO \_\_\_
  11. **UNIT #2:**  
YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_  
MILEAGE: \_\_\_\_\_ HYBRID: YES \_\_\_ NO \_\_\_  
VEHICLE EXTERIOR CONDITION: \_\_\_\_\_  
VEHICLE INTERIOR CONDITION: \_\_\_\_\_
    - a) FIRE EXTINGUISHERS: YES \_\_\_ NO \_\_\_
    - b) SEAT BELTS: \_\_\_\_\_
    - c) OVERALL APPEARANCE: \_\_\_\_\_
    - d) TAXIMETER: YES \_\_\_ NO \_\_\_

12. **UNIT #3:**

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

MILEAGE: \_\_\_\_\_ HYBRID: YES\_\_\_ NO \_\_\_

VEHICLE EXTERIOR CONDITION: \_\_\_\_\_

VEHICLE INTERIOR CONDITION: \_\_\_\_\_

a) FIRE EXTINGUISHERS: YES\_\_\_ NO \_\_\_

b) SEAT BELTS: \_\_\_\_\_

c) OVERALL APPEARANCE: \_\_\_\_\_

d) TAXIMETER: YES\_\_\_ NO \_\_\_

13. NAME OF INSURANCE COURIER: \_\_\_\_\_

DO THE ABOVE UNIT(S) MEET THE MINIMUM INSURANCE COVERAGE OF:

- 1. For the injury or death of anyone person in anyone accident:  
Twenty thousand dollars (\$20,000.00).
- 2. For total liability in anyone accident for personal injuries or death:  
Forty thousand dollars (\$40,000.00).
- 3. For injury or destruction of property in anyone accident:  
Fifteen thousand dollars (\$15,000.00).

(Check One) Yes\_\_\_ No\_\_\_

I hereby certify that the above listed vehicles are owned by the undersigned, and the owner agrees that such vehicles to be licensed will be rendered for taxation to the City of Pharr, Texas and all fees paid thereon and further that insurance policies and as required by Taxicab Ordinance of the City of Pharr, Texas, will be deposited with the City Clerk upon final approval.

\_\_\_\_\_  
TAXICAB COMPANY

\_\_\_\_\_  
OWNER'S SIGNATURE

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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

The above application has been inspected this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

( ) approved ( ) denied ( ) approved ( ) denied

\_\_\_\_\_  
TAXICAB INSPECTOR'S SIGNATURE

\_\_\_\_\_  
CITY CLERK'S SIGNATURE

( ) approved ( ) denied

\_\_\_\_\_  
CITY MANAGER'S SIGNATURE