

CITY OF COLLEGE STATION

Police Department
2611 Texas Avenue
College Station, Texas 77840 (979) 764-6277 FAX (979) 764-3468



Pedicab Service License Application

Name	of Company:	
Addre	ss of Company:	
Phone	Number of Company:	Email:
		of the following manners: (Please mark and complete the mation requested is completed.)
0	Sole Proprietorship Name of Owner:	
	Address of Owner:	
0		n:Address:Address:
		Address:Address:
0	Partnership Name of Partners	
		Address:
	Name:	Address:
moral to and reli	urpitude within the past ten (10) years able passenger transportation. I furthed I have provided a copy of my (applied)	we not been finally convicted of any felony or other offense involving swhich would adversely affect the applicant's ability to provide safe er state that all information provided in this application is true and eant) criminal history record as required by the City.
	Applicant's Signature	
Sworn a	nd subscribed on thisday of	, 20
Notary F	Public, State of Texas	Commission Expires
License	Number:	Issued By
Date Iss	sued.	



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	D	ate:			
т		with			
((Owner's Name)	, witii	(Name of C	(Name of Company)	
	ations. By signing tl	es and regulations s his form I agree tha			
(Owner of	Company Signature)		_	(Date)	
(Witness)		_	(Date)	
I,		, with			
	Owner's Name)	, with	(Name of C	ompany)	
do hereby agree	-	y set forth in Texas I			
credit card for	oods or services, a	seller may not im dit instead of cash,	pose a surcha	urge on a buyer)	
By signing this §339.001.	form I agree that I	have received a co	opy of and hav	ve read Texas Fir	nance Code
(Owner of Company Signa	ture)		(Date)	
	(Witness)			(Date)	