

APPLICATION FOR HORSE DRAWN CARRIAGE
DEVELOPMENT SERVICES DEPARTMENT
823 ROSENBERG, ROOM 401
PHONE (409) 797-3660

Applicant Name _____ Telephone _____

Business Name _____ Telephone _____

Business Address _____ City, _____ State _____ Zip _____

Location of Stables _____

Description of Route Used: _____

Attached Map of Route Used _____ Number of Carriages _____ Tag Number _____

Applicant's Signature _____ Date _____

Three Hundred Fifty Dollars (\$350.00) Per Carriage

DO NOT WRITE BELOW THIS LINE

Zoning _____ Date _____ Comments _____

Health _____ Date _____ Comments _____

Insurance _____ Date _____ Comments _____

Traffic _____ Date _____ Comments _____

City Manager _____ Date _____ Comments _____

Permit Agent _____ Date _____ Permit Number _____