

APPLICATION FOR HORSE DRAWN CARRIAGE
DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
823 ROSENBERG, ROOM 401
PHONE (409) 797-3660, FAX (409) 797-3661

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

SEE GALVESTON CITY CODE – CHAPTER 35