

Marshals Office Permit of Operating Authority

Application Nonrefundable Application Fee: \$150 rev. 08-18-20

1. What form of business are you applying for: Taxi/Pedi--Limo--Shuttle--Bus--Tours--TNC

2. Name of business: _____

3. Business address: _____

Zip: _____ Business Phone Number: _____

4. Name under which operating authority will be held: _____

a. If individual(s):

Person(s) Name(s), Address(es), and Phone Number(s):

b. If a Corporation:

Chief Executive's Name: _____

Address and Phone: _____

Chief Fiscal Officer's Name: _____

Address and Phone: _____

c. If a legal partnership:

All Partner(s) Name(s), Address(es), and Phone Number(s):

5. Have you ever had a City of Galveston, Texas operating authority revoked, or denied?

yes no

If yes, when and why? _____

6. The following information will be used to determine whether the applicant meets the requirements of Sec.35-14, Qualification for Operating Authority.

Applicant name: _____ Birth Date: _____

Current Address: _____

Phone Number: _____

Drivers License Number: _____ Class: A B C

Expiration Date: _____

Social Security Number: _____

Please list any alias names you may use: _____

Have you ever been convicted of a Felony or a D.W.I.? Yes _____ No _____
If yes please explain what happened, type of sentence and length of sentence for each conviction.

1. _____

2. _____

3. _____

Have you ever been convicted of a Misdemeanor or traffic citations? Yes ___ No ___
If yes please explain what happened, type of sentence and length of sentence for each conviction.

1. _____
2. _____
3. _____

Are you currently on probation or parole for any criminal offence? Yes ___ No ___
If yes please attach any and all documents referred to in Sec. 35-14 in the City of Galveston Code.

Sec. 35-14 Qualification for operating authority.

(b) 5. evidence of the applicant's rehabilitation or rehabilitative effort while incarcerated or following release; and

6. other evidence of the applicant's present fitness, including letters of recommendation from prosecution, law enforcement, and correctional officers who prosecuted, arrested, or had custodial responsibility for the applicant; the sheriff and the chief of police in the community where the applicant resides; and any other persons in contact with the applicant.

7. How many vehicles do you plan to use in your business? _____
What type of vehicles do you plan on using? _____

If you are seeking a taxicab annual permit, state below a description of the proposed insignia and color scheme for the applicant's taxicabs and a description of the distinctive item(s) of apparel to be worn by the applicant's taxicab drivers.

Insignia _____
Color scheme _____
Distinctive item(s) of apparel _____

8. What flat rates do you plan on charging to: Hobby _____ and
Bush intercontinental _____ From the Cruise Terminal _____.
Payment method that will be utilized? Cash / Credit Card / Both
These fares must not differ more than 10% between companies and must also be on file with the Cruise Terminal Manager.

9. Do you plan on implementing a drug screening program? _____ Yes ___ No ___
If no please explain how you plan to protect yourself and the City of Galveston from the liability of having persons addicted to the use of alcohol and narcotics driving your vehicle's for hire. _____

10. The following must be attached to this application:

1. Assigned CAN or DBA from the county clerk with company name.
2. An actual or pro forma statement and balance sheet showing the liabilities, and equity of the business.
3. Documentary evidence from an insurance company, authorized to do business in the State of Texas, indicating a willingness to provide liability insurance required by this chapter.
4. Documentary evidence of payment of ad valorem taxes on the property to be used in connection with the operation of the proposed taxicab, limousine, bus, or shuttle service.
5. Proof of a permanent business telephone number and business address within the City of Galveston, the location of which complies with the Land Developed Regulations, from which the proposed taxicab, limousine, bus, or shuttle will be operated, which place of business may, but is not required to, include the dispatching facility for the taxicab, limousine, bus, or shuttle service.
6. Evidence proving the public convenience and necessity requires the proposed taxicab, limousine, bus, or shuttle service and that the applicant is qualified and financially able to provide the service proposed in this application.
7. Such additional information as the applicant desires to include to aid in the determination of whether the requested operating authority should be granted.
8. Such additional information as the director considers necessary to assist or promote the implementation or enforcement of this chapter or the protection of the public safety. **This includes fingerprinting with IdentoGo. (see attached)**

By signing this application you have attested that all information provided is true to your knowledge. If you knowingly provide false information your permit may be immediately revoked. If at the time of application a background check or a driving record was not conducted for any reason then the permit issued is temporary (pending the completion of the background check or driving record check) and will be revoked if you do not meet the requirements of Galveston City Code Sec. 35-14 Qualification for Operating Authority.

X _____
Applicant Signature

Annual permit Status: Granted _____ Denied _____

Date of issuance. _____

Date of expiration. _____

Inspectors Signature

Director's Signature



IdentoGO[®]

By MorphoTrust USA

Texas Fingerprint Service Code Form

City of Galveston Public Transportation

Service Name: City of Galveston Public Transportation

To schedule your ten-minute fingerprint appointment, simply visit
<https://uenroll.identogo.com> and enter the following Service Code

11GZZB

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Background Check Waiver

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Don't have access to the Internet? You can still schedule an appointment by calling 888.467.2080



DEVELOPMENT SERVICES DEPARTMENT PLANNING AND DEVELOPMENT DIVISION

Planning and Development Division
823 Rosenberg, 4th Floor, Room 401, Galveston, TX 77550

409/797-3660

planningcounter@galvestontx.gov
www.galvestontx.gov

Business Name _____

Last Name _____

First _____

Phone _____

Address _____

Email _____

Type of Operation: (check one)

Taxi _____ Limo _____ Shuttle-Bus _____ TNC _____ Pedicab _____

- a. Is the above location a primary residence: _____
- b. How many vehicles parked at this location: _____
- c. Do customers or employees come to this location: _____
- d. If yes, How many per day: _____
- e. How long has the Taxi, Limousine, Bus Shuttle or Pedicab service been operating at this location: _____

For properties operating from a residence the following criteria will apply:

The applicant accepts the following Criteria for a Home-Based Occupation (Sec 2.326):

SEC. 2.326 HOME BASED OCCUPATION

A. Land Use Standards

1. Maintain Residential Character. The home-based occupation must not alter the dwelling to accommodate the home business in any manner that changes the dwelling's residential character and appearance.
2. Signage. No signage or on-site advertising permitted.
3. Non-Resident Employees. Non-resident employees prohibited.
4. Use Limitation. Home based occupation may not receive customers and clients on-site. Silk Stocking and Lost Bayou neighborhoods are exempt from this provision.
5. No more than one marked vehicle is permitted to be parked at a residential location.

By my signature, I have read, understand and agree to all of the above criteria.

Signature of Applicant

Date

Staff Use Only

Zoning on the Property: _____ Permitted: _____ Limited: _____ Prohibited: _____

Planning Staff Signature: _____

Date: _____

Approved: _____ Denied: _____