

Application for Vehicle for Hire Operating License

City of Fort Worth Office Use Only		
Received/By: Approv	ed/ By:	
Operating FeePaid/ Rec	ceipt #	
Applicant Information		
o Individual / Sole Proprietorship		
Applicant Name:		
Trade Name:		
Principal Address:	Phone Number:	
CityZip Code	E-mail Address:	
A copy of the articles of incorporation and any a this application.	ssumed name certificates must be attached to	
Other Form of Business:		
PartnershipCorporationLLCLCLP		
Business Name:	Trade Name:	
Principal Address:	Phone Number:	
CityZip Code	E-Mail Address:	
Date of Incorporation: Pl	ace of Incorporation:	
Name and Business Address of all Officers and Directors:		

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Address for all Places from Which Applicant will Operate:		
A copy of the articles of incorporation and any assumed name certificates must be attac		
this application.		
I certify that by signing this application I hold the position listed below, I am properly authorized to submit this application on behalf of the entity listed herein, any necessary resolutions or actions extending such authority have been duly passed and are now in full force and effect, and that all information in this true and correct.		
Signature of Applicant		
Date:		
Printed Name		

Title