



Application for Vehicle for Hire Operating License

City of Fort Worth Office Use Only

Received ___/___/___ By: _____ Approved ___/___/___ By: _____

Operating Fee _____ Paid ___/___/___ Receipt # _____

Applicant Information

Individual / Sole Proprietorship

Applicant Name: _____

Trade Name: _____

Principal Address: _____ Phone Number: _____

City _____ Zip Code _____ E-mail Address: _____

A copy of the articles of incorporation and any assumed name certificates must be attached to this application.

Other Form of Business:

___ Partnership ___ Corporation ___ LLC ___ LC ___ LP

Business Name: _____ Trade Name: _____

Principal Address: _____ Phone Number: _____

City _____ Zip Code _____ E-Mail Address: _____

Date of Incorporation: _____ Place of Incorporation: _____

Name and Business Address of all Officers and Directors: _____

A copy of the articles of incorporation and any assumed name certificates must be attached to 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.

Operating License Fee- \$500.00 (non-refundable)

Signature of Applicant

_____ **Date:** _____

Title

TRANSPORTATION AND PUBLIC WORKS DEPARTMENT
GROUND TRNASPORTATION OFFICE
909 TAYLOR STREET
FORT WORTH, TEXAS 76102
817-392-6987