



JIM STRICKLAND
MAYOR

CITY ATTORNEY

PERMITS & LICENSES

TENNESSEE

Date: _____

**HORSE DRAWN CARRIAGE COMPANY APPLICATION
For
Public Convenience and Necessity Certificate**

Name: _____
Last First Middle

Please include all aliases:

Residence Address: _____

Date of Birth: _____ Social Security Number ____ - ____ - _____

Driver License's Number _____ State: _____

Residence Addresses for the last 5 years:

Company Trade Name: _____

Company Address: _____

Stable Address _____
(Horse Address)

Stable Address: _____
(carriage storage facility)

Business Telephone Number _____

Mobile Telephone Number _____

Emergency Telephone Number _____

Employment of last five (5) years:

List all **UNPAID** Judgements
(Final Status)

1. Have you ever been convicted or indicted on any violation of any state or municipal law? _____ No _____ Yes
2. Forfeiture of bond or pleaded no contest to a conviction? ____ No ____ Yes
3. Will Horse Drawn Carriage company be incorporated? ____ No _____ Yes

4. Name of Corporation: _____

Date Incorporated: _____

State of Incorporation: _____

Name of Agent: _____

Address of Agent: _____

5. Name and address of all Shareholders (list on back of page)

6. The number of Horse Drawn Carriages for hire, that the applicant desires to operate and place in service: _____

7. Please include the carriage size and seating capacity of each carriage:

8. Describe briefly your experience with horses and carriages:

9. Do you operate any other vehicles under Chapter 39 of the City Code of Ordinance? _____ No _____ Yes

10. Have you read and understand all the requirements of the Horse Drawn Carriage Ordinance (Chapter 39)? _____ No _____ Yes

11. Is your company in compliance with all the provisions set forth in Chapter 39 Horse Drawn Carriages? _____ No _____ Yes

Any false statements or misrepresentation found in the application will result in denial of a Certificate of Convenience and Necessity.

There cannot be any silent partners involved in this operation.

This form must be signed in the presence of a Notary Public.

Attach a financial statement and certificate of incorporation, is applicable.

Please attach an Original Binder of Insurance

1. Not less than **\$100,000.00** in Limited Liability per Occurrence
2. Not less than **\$300,000.00** in Public Liability per Occurrence
3. Not less than **\$50,000.00** in Property Damage per Occurrence

The applicant makes oath that the statements contained in the foregoing, application are true; that he/she has read the foregoing representation, limitations and restrictions, and fully understands them, that said representations are true and will be strictly adhered.

Applicant Signature

State of Tennessee
Shelby County

Subscribe and sworn to before me this _____ day of _____ 20 ____

Notary Public

Commission Expires