



**CITY OF SAN ANTONIO  
OPERATING PERMIT APPLICATION  
OWNER OPERATOR (TAXICABS)**




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NAME (Print or Type) PHONE # EMAIL

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DRIVERS LICENSE # EXPIRATION DATE SOCIAL SECURITY #

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NAME OF BUSINESS BUSINESS ADDRESS BUSINESS PHONE # BUSINESS FAX #

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COSA Chauffeurs Permit # EXPIRATION DATE

NO. OF OPERATING PERMITS REQUESTED: **1 Owner Operator Permit**

FORM OF BUSINESS OF THE APPLICANT: **Taxicab**

I hereby certify that the all statements, documents, and any other information provided in relation to this application for an Owner Operating Permit for the City of San Antonio (COSA) are true and complete. I authorize the investigation of all statements, documents, or information provided in relation to this application. I understand that my application must meet all requirements and be approved to be eligible for one of the 75 owner operators permits and that turning in an application does not guarantee me a permit. Any false statements will disqualify my applications and result in my application being rejected. I have read and understand Chapter 33 Article I, VIII, and Taxicab Rules and Regulations of the City Code.

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APPLICANT'S SIGNATURE

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DATE

**Application Received Date:** \_\_\_\_\_

**Application Approval Date:** \_\_\_\_\_

**Application Received #:** \_\_\_\_\_

**Application Approval #:** \_\_\_\_\_



## CITY OF SAN ANTONIO OPERATING PERMIT REQUIRED INFORMATION



Please ensure that you have completed all required sections of this application. Attachments for your application must be properly labeled with Section and Sub-section numbers. Please review Chapter 33 of the City Ordinance for further details.

### SECTION I: BUSINESS FORMULA

- A. **Business Plan:**
- B. **Corporation, DBA, or LLC Documentation (Optional):**
- C. **Company Insignia and Color Scheme:**

### SECTION II: OPERATIONAL REQUIREMENTS

- A. **Drug Policy:**
  - a. Provide results of a drug test (In accordance with Chapter 33-029)
- B. **Facilities:**
  - a. Description of the location that will be used for the operation.
- C. **Vehicles:** Descriptions and documentation of the vehicle that will be used in the operation.
  - a. Vehicles age / Make / Model / Type/ Seating Capacity / Etc..
  - b. Proof of Eligibility for Insurance
  - c. Proof of Eligibility for Bond

### SECTION III: INDUSTRY EXPERIENCE

- A. **Taxicab Experience:**
  - a. Detailed outline of your experience as a taxicab chauffeur, to include:
    1. Number of year as a current COSA permitted chauffeur (1 year minimum);
    2. All traffic citations received in the last 3 years: to include City, State, type of violation, date of the violation and date citation was adjudicated;
    3. All COSA parking citations received (by either applicant or by applicant's vehicle) in the last 3 years: to include type of violation, date of the violation and date citation was adjudicated;
    4. All COSA Ground Transportation (GT) citations received in the last 3 years: to include, type of violations, date of violations, and date citation was adjudicated;
    5. Have you ever had your COSA chauffeurs permit suspended or revoked? If yes, explain.