

**APPLICATION FOR
NON MOTORIZED VEHICLE OPERATING AUTHORITY PERMIT
(HORSE DRAWN CARRIAGE)**

City of Lubbock Code of Ordinances, Chapter 24

\$250 Fee

Name of Business: _____

Address of Business Facility: _____

Address of Business Headquarters _____
(if different from Facility address)

Phone Number: _____

Name of Applicant: _____
(Must be the owner, controller, or operator)

Applicant's Title (i.e. Owner, Controller, Operator): _____

Mailing Address: _____

Phone Number: _____

E-Mail Address: _____

Name of Contact Person (if different from Applicant): _____

Mailing Address: _____

Phone Number: _____

E-Mail Address: _____

Name and Address of each entity with a twenty percent (20%) or greater ownership interest in the applicant's business:

1. Name: _____

Address: _____

2. Name: _____

Address: _____

3. Name: _____

Address: _____

Note: If more than three (3) entities, provide the information on a separate sheet of paper.

1. Number of horses proposed to be used in the operation of this service: _____
 2. Provide proposed route with fixed pickup and destination points. Note: this must be approved before a permit is issued by the city (Sec.24.02.090).
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I, _____, on behalf of _____, certify to the following
(Name of Applicant) (Business)

statements:

**Initial
Here**

- _____ 1. We require our company's drivers to undergo an annual local, state, and national criminal background check by a nationally accredited third-party background check provider.
- _____ 2. We require our company's drivers to maintain a physical or digital identification card displayable within their vehicles that contains a photograph of the driver, the full name of the driver, the name of the operating authority, and a means to contact the operating authority.
- _____ 3. All vehicles operating under our company permit have been inspected by a State of Texas authorized vehicle inspector, possess a current State-issued registration, and meet all required vehicle safety standards, required under this Chapter.
- _____ 4. Our entity and all of our drivers are covered by a valid insurance policy, as described in this Chapter, from an insurance company listed as an authorized auto liability lines carrier on the Texas Department of Insurance's List of Authorized Insurance Companies, or a surplus lines insurer listed on the Texas Department of Insurance's list of Eligible Surplus Lines Insurance Companies.
- _____ 5. Our entity has a zero-tolerance policy for intoxicating substances. A copy of our zero-tolerance policy is attached.
- _____ 6. Attached is a tax certificate showing the payment and ad valorem taxes on the company's local property, if any to be used by company in connection with it's business.
- _____ 7. Attach a state certificate of veterinarian inspection identifying the horse by description or photograph and showing that the horse has been examined at least once within the preceding six (6) months by a veterinarian licensed by the State of Texas who specializes in equine medicine.
- _____ 8. Attach proof that the horse has current tetanus, rabies, and Eastern-Western encephalitis Vaccinations

- _____ 9. Attach photographs showing identifying markings of the horse.
- _____ 10. We require each horse in service be appropriately shod to work on paved streets. If a horse loses a shoe while working, an “eazy” type boot may be used to finish the scheduled work day.
- _____ 11. Our horses will not have any open wound, oozing sore, cut below skin level, or bleeding wound.
- _____ 12. Our horses will not show any evidence of lameness, such as but not limited to head bobbing or irregular rhythm.
- _____ 13. We will offer the horses in service no less than five (5) gallons of drinking water every two (2) hours.
- _____ 14. We will allow each horse 10-minute rest period after every fifty (50) minutes worked.
- _____ 15. We will not work any horse more than eight hours in a 24-hour period with a minimum of twelve (12) hours rest.
- _____ 16. We will have all harnesses properly fitted and in good repair with no deficiencies that could reasonable be deemed a safety hazard.
- _____ 17. Our horses will be properly cleaned with no offensive odors or caked dirt or mud.
- _____ 18. Our horses will wear a special sanitary device for containing animal excrement.
- _____ 19. We will not work horses when the outside temperature exceeds ninety-nine (99) degrees Fahrenheit, or the thermal heat index exceeds one hundred fifty (150), as measured by the National Weather Service at the Airport.
- _____ 20, We will have our horses examined at least once every six (6) month by a veterinarian licensed by the State of Texas who specializes in equine medicine and receives a state certificate of veterinarian inspection, which is attached.

ACKNOWLEDGEMENT OF OWNER

I, _____, do affirm that the above information is true and correct to the best of my knowledge.

Signature of Owner

BEFORE ME, the undersigned authority, A Notary Public in and for said Lubbock County, Texas, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing application and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this _____ day of _____, 20____.

(seal)

Notary Public, State of Texas
My Commission expires: _____

CITY OF LUBBOCK APPROVALS:

Police Department

City Manager

Animal Services

Traffic

City Secretary

**Applications must be complete and with required supporting documents prior to being considered for processing by the Office of the City Secretary.
City of Lubbock, Office of the City Secretary, P. O. Box 2000, Lubbock, Texas 79457**