

**APPLICATION
FOR
TRANSPORTATION NETWORK COMPANY PERMIT**
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.

I, _____, on behalf of _____, certify to the following
(Name of Applicant) (Business)

statements:

**Initial
Here**

- _____ 1. We require our network 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 national network 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 transportation network 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 (transportation network company) 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 transportation network company's local property, if any to be used by the transportation network company in connection with its business.

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

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