



Horse-Drawn Carriage Application

(Under authority of Ordinance No. 2012-585)

Complete this application along with the required certifications and submit to:

**City Secretary's Office
City Hall – 300 Austin Avenue
P. O. Box 2570
Waco, TX 76702-2570**

Applicant Name: _____

Address: _____

Phone: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Number of Carriages to be operated: _____

Seating Capacity: _____

Manufacturer Name: _____

**Note: Please attach a photograph of each carriage.
Please attach fee schedule.**

Number of horses that will draw each carriage: _____

Written description of the proposed route to be used and a matching map along with the days and times of operation: (If additional space is needed, please attach any additional information behind application.)

Days of operation: _____

Times of operation: _____

Written description of the routes to be used to get to and from the work route and to and from where the horses and carriages will be stored:

Payment of the \$25.00 application fee is required before a horse-drawn carriage business license can be issued.

I hereby certify under oath that the information that I have provided in this application for the City of Waco Horse-Drawn Carriage Business License is true and accurate to the best of my knowledge and belief. If there are any changes to the above information, I will notify the City within 10 days. I further verify under oath to operate the horse-drawn carriage business described in this application, if licensed, in strict accordance with the terms of Article IV. "Horse-Drawn Carriages" in Chapter 27, "Vehicles for Hire" of the Code of Ordinances of the City of Waco, Texas and to indemnify and hold harmless the City of Waco from all judgments, losses and expenses arising out of the operations permitted by this license.

Owner's Signature

Date

SWORN AND SUBSCRIBED BEFORE ME, a Notary Public in and for the State of Texas this _____ day of _____ 20____.

Notary Public in and for the State of Texas

OFFICE USE ONLY:

Payment of fee confirmed by: _____ Date _____ Receipt No. _____

- Certification for each horse
- Inspection Certification from Fleet Services
- Map(s) of route to approved by Traffic Services
- Photograph of carriage(s)
- Bond/Liability Insurance





HORSE-DRAWN CARRIAGE MAP/ROUTE INSPECTION
To be completed by Traffic Services
Dr. Mae Jackson Development Center
401 Franklin Ave
Phone: 254-750-6634

I certify that I have reviewed the attached described horse-drawn carriage routes and find these routes to be in compliance with Ordinance 2014-480 Vehicles for Hire, Division 8. of the City of Waco, Texas regulating the licensing of horse-drawn carriages as alternative vehicles .

Traffic Services

Date

Owner's Signature

Date

Owner's Printed Name

Please return to City Secretary's Office with your original application.
300 Austin Ave.
City Hall, First Floor
Waco, TX 76701
254-750-5750



Carriage description: _____

HORSE-DRAWN CARRIAGE INSPECTION
To be completed by Fleet Services
324 Colcord Avenue
254-750-8059

This inspection is not valid unless a photo of the vehicle is attached.

1. _____ Carriage has no less than one and one fourth (1 ¼) inch spoke wheels with a rubber covering thick enough to protect the streets from damage and that will keep noise to a minimum
2. _____ Carriage is equipped with brakes, taillights, and turn signals on the rear of the carriage and a form of two-way communication. Lights shall be the same color and light intensity and work in the same manner as required for a motor vehicle in this state
3. _____ Carriage is equipped with front lights on both sides that will emit light to the front and side. Lighting is visible from a distance of five hundred (500) feet along with headlights and turn signals that the same color and light intensity and work in the same manner as required for a motor vehicle in this state
4. _____ Carriage is equipped with a device that will catch horse manure and keep it from falling to the pavement
5. _____ Carriage is equipped with a chemical to be poured over horse urine by driver so as to break down and eliminate accumulated agents and odor
6. _____ Attached to the rear of the vehicle is slow moving sign approved by the State of Texas
7. _____ The carriage maximum seating capacity is _____ passengers
8. _____ The carriage is equipped with a safety strap across the carriage entrance
9. _____ The manufacture of the carriage is _____

I certify that I have inspected the above-described carriage and find it to be in compliance with the Vehicles for Hire Ordinance 2014-480 of the City of Waco, Texas regulating the licensing of the horse-drawn carriage business.

Fleet Services

Date

Permit No.

Owner's Signature

Date

Owner's Name

Business Name

Return to:
City Secretary's Office
300 Austin Ave.
Waco, TX 76701
254-750-5750



CITY OF WACO

VETERINARY CERTIFICATE OF EXAMINATION FOR CARRIAGE LICENSE

VETERINARIAN TO MAIL COMPLETED CERTIFICATE TO:

OWNER OF ANIMAL: _____

ADDRESS OF OWNER: _____

AREA CODE/PHONE NUMBER: _____

REGISTRY OF HORSE: _____

COLOR: _____ GENDER (Please circle) : MARE GELDING STALLION

SCARS: _____ BRANDS: _____

I, _____, DO HEREBY CERTIFY THAT I AM A LICENSED VETERINARIAN HOLDING A CURRENT LICENSE AS SUCH TO PRACTICE IN THE STATE OF TEXAS AND THAT MY PRACTICE CONSISTS OF AT LEAST 50% EQUINE AND THAT I HAVE EXAMINED THIS DAY, THE FOLLOWING LISTED ANIMAL:

HANDS: _____ WEIGHT: _____

IS ANIMAL CARRYING THE PROPER WEIGHT FOR THE SKELETAL HANDS?___

Please circle each of the below questions:

OVERALL CONDITION OF FEET: GOOD FAIR POOR

FEET ABLE TO BE CONTINUALLY SHOD: YES NO

PULSE AND RESPIRATION NORMAL: YES NO

TEMPERATURE NORMAL: YES NO

EYES CLINICALLY NORMAL:		YES	NO
HEART AUSCULATED-NORMAL HEART SOUNDS:		YES	NO
HISTORY OR EVIDENCE OF BLEEDER:		YES	NO
HISTORY OF EVIDENCE OF NERVING:		YES	NO
ANY EVIDENCE OF LAMINITIS:		YES	NO
ANY EVIDENCE OF DEAFNESS:		YES	NO
ANY EVIDENCE OF BLINDNESS:		YES	NO
HAVE ANY OF THE FOLLOWING:	ARTHRITIS	YES	NO
	NAVICULAR	YES	NO
	THRUSH	YES	NO
	SHOULDER PROBLEMS	YES	NO
	HEAVES	YES	NO
	LAMENESS	YES	NO

IS ANIMAL SUBJECT TO OR HAS PREVIOUS HISTORY OF INTESTINAL ATTACKS (COLIC)? _____

INOCULATIONS: WHAT? _____

DATE GIVEN: _____

WORMING: WHAT? _____

DATE GIVEN: _____

IS THIS ANIMAL CURRENTLY ON ANY MEDICATIONS? _____

ON THIS MEDICATION (S), CAN YOU SAY IT IS SAFE FOR THIS HORSE TO BE IN THE HARNESS WORKING WITH AND FOR THE PUBLIC?

OVERALL CONDITION OF THE ANIMAL:

DO YOU, AS THE EXAMINING VETERINARIAN FEEL THIS ANIMAL IS FIT TO WORK A DAILY SCHEDULE AS A CARRIAGE ANIMAL ON THE PUBLIC STREETS?

IN YOUR OPINION OR TO YOUR KNOWLEDGE, ARE THERE ANY MEDICAL FACTS THAT SHOULD BE BROUGHT TO THE ATTENTION OF THE CITY COUNCIL PRIOR TO LICENSING THIS ANIMAL AS FIT TO PULL A CARRIAGE FOR PUBLIC HIRE, OR ANY REASON THAT THIS ANIMAL SHOULD NOT BE IN HARNESS ON A DAILY ROUTINE?

SIGNATURE OF VETERINARIAN: _____ D.V.M.

ADDRESS: _____

PHONE #: _____ EMAIL: _____

DATE & TIME OF SIGNATURE: _____

This certificate must be returned with the completed application to:

**Esmeralda Hudson, City Secretary
City Hall – 300 Austin Ave.
P.O. Box 2570
Waco, TX 76702-2570**

For Office Use Only
Horse Drawn Carriage – Vehicle for Hire BUSINESS Permit
Approval Checklist

Applicant/ Company Name: _____ Application Date: _____

Review Application for the following:

- _____ Provided complete application with all contact information
- _____ Verify at least 18 years of age (DL)
- _____ Verify if currently authorized to work full-time in the United States (DL)
- _____ Verify if can sufficiently communicate with the general public
- _____ Verify copy of documents establishing business (if applicable)
- _____ Verify any previous revocation or suspension included in application
- _____ Verify if owns property: Check McLennan County Website to verify taxes on property are current at <http://www.co.mclennan.tx.us/218/Tax-Office> and select search property. Unless they are not in McLennan County.
- _____ Verify if fare/ fees attached to application
- _____ Complete Veterinary Certificate of Examination for Carriage License for each horse
- _____ Verify Insurance attached and email to Rism Manager Consultant: James Charlesworth at jcharlesworthconsultin.com for review
- _____ Complete inspection form and email to Fleet
- _____ Route map/description included
- _____ Notified that inspection passed date: _____

_____ **Approved** _____ **Denied**

- _____ Not qualified under section 27-78 or _____ Did not pay the appropriate fee
- _____ Made false statement of a material fact in application
- _____ Does not have adequate insurance coverage as required Sec. 27-139
- _____ Not current on ad valorem taxes business location
- _____ \$25.00 applicant fee paid _____ \$100.00 per vehicle fee paid

City Secretary: _____ Date: _____