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
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
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
<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes clinically normal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart auscultated-normal heart sounds</td>
<td></td>
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<tr>
<td>History or evidence of bleeder</td>
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<tr>
<td>History of evidence of nerving</td>
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<tr>
<td>Any evidence of laminitis</td>
<td></td>
<td></td>
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<tr>
<td>Any evidence of deafness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any evidence of blindness</td>
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<td></td>
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<tr>
<td>Have any of the following:</td>
<td></td>
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<tr>
<td>Arthritis</td>
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<tr>
<td>Navicular</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thrush</td>
<td></td>
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<tr>
<td>Shoulder problems</td>
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<tr>
<td>Heaves</td>
<td></td>
<td></td>
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<tr>
<td>Lameness</td>
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</tbody>
</table>

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
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: ________________