

Metro Transportation Licensing Commission

***Application* for
Renewal of Horse-Drawn Carriage Company
Certificate of Public Convenience and Necessity**

The making of any false statement in this application may subject the offender to the penalty prescribed by the law. Detection of such false statements may result in the refusal of certificate or, if previously granted, in revocation of the certificate.

The applicant must properly and legibly complete the following application and all questions must be answered and attested to by the applicant.

I (we) hereby make application for renewal of Certificate of Public Convenience and Necessity to conduct and operate a horse-drawn carriage business in Metropolitan Nashville-Davidson County.

1. Name of Carriage Company

2. Address

3. Mailing Address, if different

4. Telephone _____ Fax _____

5. E-mail _____ Web Site www. _____

6. Type of Company (solely owned, partnership, or corporation/association): _____

7. Provide a copy of current business license, articles of incorporation.

8. Attach a list of Name(s) and Street Address(es) (P.O. Box is not acceptable) of all Owners or Partners, showing percentage of ownership for each.

9. List Name(s) of executive officers of the company

10. Describe the duties/responsibilities of each person listed in sections 8 and 9 as it relates to this business. Indicate the experience each has with horse-drawn carriages.

11. Attach a list of any other locations from which the company will operate. Include a description of the operations that will be conducted from each location (e.g., carriage storage).

12. Number of carriage permits requested (attach a carriage application for each): _____

13. Number of horses (attach a current list, and all required forms/photos): _____
14. Attach a list of carriage drivers; including name, address and telephone number.
15. Attach a copy of the company's rules and regulations governing vehicles and drivers.
16. Provide evidence of \$1,000,000 liability insurance on the company by the applicant.
17. Describe capital investment for the past year.

I, _____, do solemnly swear (or affirm) that the information filed as a part of this application is true and correct to the best of my knowledge and belief.

Signature of Applicant

A non-refundable fee of \$100 must accompany this application at the time of filing

**COUNTY of DAVIDSON
STATE OF TENNESSEE**

Sworn to me and subscribed
Before me, this _____ day
of _____, 20 ____

Notary Public

My commission expires: _____

**Metropolitan Transportation Licensing Commission
939 Doctor Richard G. Adams Dr.
Nashville, Tennessee 37207-4737**

Date Received: _____ **By:** _____ **Fee:** _____