

Receipt No. _____

Expiration Date: _____

City of Victoria, Texas

APPLICATION FOR TRANSFER AMBULANCE SERVICE PERMIT

Date: _____ Telephone: _____ Cell: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Owner(s): _____

Home Address(es): _____

Partners, if Partnership: _____

Home Addresses: _____

Officers, if Corporation: _____

Has any Owner, if Sole Proprietorship, any Partner, if Partnership, or Director, if Corporation, been convicted of a felony or misdemeanor other than traffic offenses within the past ten (10) years?

Yes: _____ No: _____ If Yes, give details: _____

Does Owner, Partner, or Officer now hold, or has he previously held a permit for the operation of an Ambulance Service from any other Government Agency or Department, or is he now engaged, or has he been engaged anywhere else in the business of providing Ambulance Service?

Yes: _____ No: _____ If Yes, give details: _____

Has Applicant been issued a permit by the Texas Department of Health for each Ambulance which the Applicant proposes to operate? Yes: _____ No: _____

Description of Transfer Ambulance Vehicles

1. Make: _____ Model: _____

Motor and Chassis Number: _____

Year of Manufacture: _____ Current State License Number: _____

Registered Owner: _____

Color Scheme to be used on Ambulance: _____

2. Make: _____ Model: _____

Motor and Chassis Number: _____

Year of Manufacture: _____ Current State License Number: _____

Registered Owner: _____

Color Scheme to be used on Ambulance: _____

3. Make: _____ Model: _____

Motor and Chassis Number: _____

Year of Manufacture: _____ Current State License Number: _____

Registered Owner: _____

Color Scheme to be used on Ambulance: _____

4. Make: _____ Model: _____

Motor and Chassis Number: _____

Year of Manufacture: _____ Current State License Number: _____

Registered Owner: _____

Color Scheme to be used on Ambulance: _____

Schedule of Rates

(Describe maximum rates to be charged for services)

Statement by Applicant

I certify that all Transfer Ambulance Vehicles for which permits are being requested comply with the requirements of Section 23-97 of the Victoria Code of Ordinances.

I certify that none of my drivers or attendants have been convicted within the last **five (5)** years of any **felony, crime of moral turpitude** or a crime involving a **controlled substance** or **alcohol** related offense.

I agree, as a condition for the issuance of a permit, that I will abide by all provisions of Chapter 23 of the City of Victoria Code of Ordinances, and that the granting of a permit does not create any property right, but authorizes me to operate a Transfer Ambulance Vehicle(s) upon the public streets of the City of Victoria. I agree to defend, hold harmless, and unconditionally indemnify the City, its Officers, Agents and Employees against, and for all liability, cost, expenses, damages, and claims which the City may at any time suffer or sustain or become liable for by reason of any accidents, damages, or injuries either to persons or property or both, arising out of the operation of my Medical Transfer Service.

Signature of Owner

FOR OFFICE USE ONLY

City Secretary's Office Check List

Attached:

- | | |
|--|--------------------|
| 1. License Receipt | Yes _____ No _____ |
| 2. Certificate of Insurance naming City
As Additional Insured | Yes _____ No _____ |
| 3. Application fee of \$150.00 | Yes _____ No _____ |
| 4. Permit fee of \$35.00 | Yes _____ No _____ |
| 5. State AMS Provider License | Yes _____ No _____ |
| 6. State Inspection Report | Yes _____ No _____ |