

**CITY OF JEFFERSON, TEXAS**

**APPLICATION FOR AMUSEMENT RIDE PERMIT**

1. NAME OF BUSINESS: \_\_\_\_\_  
LOCATION ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
2. OWNER: \_\_\_\_\_  
PRESENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ DOB: \_\_\_\_\_
3. NO. YEARS EXPERIENCE: \_\_\_\_\_
4. TYPE OF BUSINESS: \_\_\_\_\_
5. NUMBER OF VEHICLES: \_\_\_\_\_
6. INDICATE **YES** OR **NO** IF YOU HAVE AT LEAST THE MINIMUM LIABILITY INSURANCE REQUIRED BY THE STATE OF TEXAS FOR VEHICLES OPERATING ON PUBLIC ROADS.  
  
YES \_\_\_\_\_ NO \_\_\_\_\_  
  
ALL REQUIRED INSURANCE SHALL CONTAIN A WAIVER OF SUBROGATION IN FAVOR OF THE CITY OF JEFFERSON, TEXAS. PROOF OF SUCH INSURANCE MUST BE PROVIDED AT THE TIME AN APPLICATION FOR A PERMIT IS APPLIED FOR.
7. PLEASE PROVIDE THE FOLLOWING INFORMATION ON ALL DRIVERS. IF MORE THAN TWO DRIVERS, ATTACH REQUIRED INFORMATION.  
  
NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
DRIVERS LICENSE #: \_\_\_\_\_ DOB: \_\_\_\_\_  
  
PHONE #: \_\_\_\_\_ YRS EXP. \_\_\_\_\_

NAME AND ADDRESS: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ DOB: \_\_\_\_\_

PHONE #: \_\_\_\_\_ YRS. EXP. \_\_\_\_\_

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE  
AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND  
AND AGREE TO ABIDE BY THE CITY OF JEFFERSON ORDINANCE NO.  
CHAPTER 11, ARTICLE V.

OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DRIVER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DRIVER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

APPROVED: \_\_\_\_\_ DISSAPPROVED: \_\_\_\_\_

REMARKS:

NO.

AMUSEMENT RIDE OPERATION PERMIT

CITY OF JEFFERSON, TEXAS

\_\_\_\_\_  
DATE

In Accordance with City Ordinance, a permit for the Operation of One  
Amusement Ride Vehicle is Hereby Granted to:

\_\_\_\_\_  
For the period from \_\_\_\_\_ to \_\_\_\_\_

Inclusive.

RIDE DESCRIPTION \_\_\_\_\_

**APPROVED OPERATORS**

NAME:

ADDRESS:

NAME:

ADDRESS:

NAME:

ADDRESS:

\_\_\_\_\_  
CITY CLERK

SEAL