



The City of
OKLAHOMA CITY
 License Division

APPLICATION FOR CARRIAGE LICENSE

Date: _____

Applicant's Name: _____

Business Name: _____ Telephone Number: _____

Business Address: _____ Zip: _____

Mailing Address (if different): _____ Zip: _____

Describe the type and extent of service to be provided: _____

Number of carriages : _____ Sales Tax Permit # _____

Description of proposed color scheme/distinguishing characteristics _____

List the type, make, model, and seating capacity of each carriage: _____

The undersigned hereby certifies that the contents of the application are true and correct; and in consideration of the issuance of said license(s), agrees to fully comply with all applicable ordinances of the City of Oklahoma City and statutes of the State of Oklahoma.

 Applicant Date _____

 Printed Name

STATE OF OKLAHOMA)
)
 COUNTY OF OKLAHOMA)

Subscribed and sworn to before me this _____ day of _____, _____.

My Commission Expires: _____
 Notary Public

 Seal

For Office Use Only

Insurance _____

Photograph of carriage _____

Approvals for Carriage

_____	_____
_____	_____
_____	_____
_____	_____

_____	_____	_____	_____
Police	Date	Animal Welfare	Date