

Permit No. _____

CITY OF ALVIN

TRANSPORT AMBULANCE SERVICE PERMIT APPLICATION

To: Director of Emergency Medical Services, City of Alvin, Texas.

In conformity with city ordinance relative to the licensing of ordinary ambulance services, application is hereby made for a ordinary ambulance service permit for the vehicle or vehicles hereinafter described:

<u>Type of Ambulance</u>	<u>Year/Make</u>	<u>Vin Number</u>	<u>Lic. No.</u>	<u>Length of Time in Use</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. Name of Ambulance Service: _____

2. Trade Name or other fictitious name used, or to be used by the owner: _____

3. Color Scheme, insignia, name, monogram or other distinguishing characteristics to designate such ambulance: _____

4. Location and telephone number at the place from which the ambulance is or will be dispatched: _____

5. State whether individually owned, partnership, or corporation: If individually owned, state owner's full name: _____

Business Address: _____ Phone: _____

Home Address: _____ Phone: _____

If partnership, state business name: _____

Address: _____ Phone: _____

Name and address of all partners:

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

If a corporation, state corporation name: _____

_____ Business Phone: _____

Business Address: _____

State names, addresses of the three principal officers of the corporation:

President: _____
Home Address: _____

Vice President: _____
Home Address: _____

Secretary: _____
Home Address: _____

Signed: _____

STATE OF TEXAS §
COUNTY OF BRAZORIA §

Before me, the undersigned authority, on this day personally appeared _____, applicant herein, who, being by me duly sworn, states that the facts set out in the foregoing application are true and correct.

SWORN AND SUBSCRIBED TO THIS _____ DAY OF _____ 20_____.

Notary Public in and for _____ County, Texas