

**CITY OF NEW BRAUNFELS
APPLICATION FOR HORSE DRAWN CARRIAGE**

Company Name: _____

Name of Business Owner: _____

Home Address: _____
(Physical address only. No P. O. Boxes.)

Business Address: _____
(Physical address only. No P. O. Boxes.)

Home Phone # _____ Business Phone # _____

Description of Carriages & Passenger Capacity: _____

Description of Horse(s): _____

Name and address of driver(s) to be operating Horse-Drawn Carriages:

Schedule of Fares: _____

Pick Up and Drop Off Locations: _____

RECEIPT OF PERMIT FEES

Permit # _____ Amount \$ _____

Receipt # _____ Date: _____

Fee is \$100. After June 30, the fee is \$50.
License expires December 31 and is non-transferrable.
Application for renewal is due by December 31.

INSURANCE

Please submit a Certificate of Insurance reflecting the issuance of a policy for Comprehensive General (Public) Liability to include but not limited to the following:

- | | |
|---------------------------|--|
| (a) Premises/Operation | (b) Independent Contractors |
| (c) Personal Injury | (d) Products/Completed Operations |
| (e) Contractual Liability | (f) Operation of Horse-Drawn Carriages |

Such insurance coverage shall not be less than:

Combined single limit for bodily injury and property damage per occurrence in the amount of \$300,000.00.

The City of New Braunfels shall:

- (a) be named as additional insured;
- (b) be provided with a waiver of subrogation;
- (c) be provided with 30 days advance notice, in writing, of cancellation or material change in the insurance coverage;
- (d) be provided with certificates of insurance evidencing the required insurance, prior to issuance of the license.

