

**CITY OF HELEN
HORSE-DRAWN CARRIAGE OWNER'S REGULATORY LICENSE
APPLICATION**

**NON-REFUNDABLE APPLICATION FEE
ALL INFORMATION MUST BE FILLED IN COMPLETELY
OMMISSIONS OR INCORRECT INFORMATION SHALL BE GROUNDS FOR DENIAL OF APPLICATION**

The owner of the Horse-drawn Carriage Company is to complete this application. This application is in addition to the occupational tax certificate application. One application is required per carriage. Any change during the calendar year, including but not limited to the Owner, requires a new application.

Legal name of applicant: _____

Legal name of Owner of Carriage: _____

Company name: _____

Company street address: _____

Mailing address (if different from street address): _____

Owner date of birth: _____ SS#: _____

Are you the sole owner of the Horse-drawn Carriage Company? Yes _____ No _____

If not list persons owning greater than 5% of the company.

Name: _____ Percentage: _____

Name: _____ Percentage: _____

If additional owners, please attach required information.

INSURANCE COMPANY: _____

COPY MUST BE ATTACHED

Address: _____

Policy Number: _____ Agent's phone number: _____

IS IT A BLANKET POLICY COVERING ALL ANIMALS OWNED BY YOUR COMPANY?

YES _____ NO _____

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For insurance regulations, please refer to the City of Helen Code Section 76-3 of the Horse-Drawn Carriage Ordinance and all appendixes

Contact person for all purposes:

NAME PHONE

Passenger capacity of Horse-Drawn Carriage: _____

Number assigned to the carriage by the City of Helen: _____

NOTE:

- (1) **THE APPLICANT MUST PAY A HUNDRED THIRTY DOLLAR (\$130.00) NON-REFUNDABLE LICENSE FEE.**
- (2) **A COLOR PHOTOGRAPH OF FRONT, SIDE, AND BACK, NOT LESS THAN 3" X 5", OF THE CARRIAGE FOR WHICH LICENSE IS APPLIED FOR MUST BE SUBMITTED WITH APPLICATION.**
- (3) **A COPY OF INSURANCE POLICY MUST BE SUBMITTED WITH THIS APPLICATION.**

I HEREBY CERTIFY, SWEAR OR AFFIRM, UNDER PENALTY OF LAW, (GA. O.C.G.A. 16-10-71) FALSE SWEARING THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS OF THE ABOVE STATEMENTS AND/OR ANSWERS TO QUESTIONS. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SAME, MY APPLICATION MAY BE REJECTED AND I WILL BE DISQUALIFIED FROM HOLDING A PERMIT TO OPERATE A HORSE-DRAWN CARRIAGE PER CHAPTER SIXTY SEVEN (67) OF THE HELEN CITY CODE. IF THERE ARE ANY CHANGES OF INFORMATION REQUESTED HEREIN A NEW APPLICATION SHALL BE REQUIRED.

Owner/Applicant Signature Date

Sworn to before me this _____ day

Of _____, 20 _____

Notary