



New ☐ Renewal ☐

License Fee: \$0.00

COACH OPERATOR LICENSE

Application

Applicant Name

Applicant Contact

Street Address _____ City _____ State _____ ZIP Code _____

Email Address _____ Phone Number _____

Business Name

Business Contact

Street Address _____ City _____ State _____ ZIP Code _____

Email Address _____ Phone Number _____

Applicant Information

Date of Birth _____ Place of Birth _____

Do you read and write English (yes or no)? _____

Are you a US Citizen (yes or no)? _____ If no, what is your country of citizenship? _____

Are you addicted to any narcotics or intoxicating liquors?

Yes ☐ No ☐

Have you been trained to operate a horse drawn carriage?

Yes ☐ No ☐

Have you ever been arrested or convicted of a felony or misdemeanor? If yes, type of conviction and jurisdiction.

Yes ☐ No ☐

Please indicate that you agree or disagree by marking yes or no for the following statements.

1. Licensee is in good standing and has not had any license/registration to operate a business revoked/suspended.
Yes ☐ No ☐
2. Licensee is current with all City, County and State for any taxes, license fees, or any other indebtedness.
Yes ☐ No ☐
3. Licensee agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials.
Yes ☐ No ☐
4. Licensee understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated.
Yes ☐ No ☐

5. Licensee agrees to give the Department of Business & Neighborhood Services written notice once the business ceases to exist.

Yes ☐

No ☐

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true and correct.

Signature

Name Printed

Date