

CITY OF NEWPORT, RHODE ISLAND

APPLICATION FOR ONE HORSE-DRAWN CARRIAGE LICENSE

DATE:

LICENSE DURATION: Annual (May-April) or Daily (if Daily specify Dates and Times below):

Dates:

Times:

NAME of APPLICANT:

ADDRESS: Street: Town: State: Zip:

TELEPHONE NO.

NAME CARRIAGE OPERATOR(1):

ADDRESS: TELEPHONE #

VALID DRIVER'S LICENSE?: (yes/no) STATE NUMBER:

For Each Additional Carriage Operator, list name, address, driver's license information on Pg. 2 of this form.

PROPOSED ROUTE OF TRAVEL (please write neatly and be specific):

Number of Horses:

Applicant's Carriage Rate: \$

Is Litter-Catch attached to Carriage? (yes or no)

Storage Location of THIS Carriage:

SPECIFY AVAILABILITY OF VEHICLE TO REMOVE HORSE/CARRIAGE IN THE EVENT OF EMERGENCY:

NAME, ADDRESS, TELEPHONE # OF VETERINARIAN TO BE CONTACTED IN CASE OF EMERGENCY:

Name:

Address:

Telephone Number of VET:

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I HEREBY CERTIFY that the carriage to be used in this operation is in safe operating condition and meets all applicable regulatory standards that may apply. I further certify that the above information is true and that I will comply with all provisions of Newport City Code Chapter 872, "Horse-drawn Carriages".

authorized signature

date

Notary

ADDITIONAL INFORMATION BELOW

CARRIAGE OPERATOR(2): []

ADDRESS [] TELEPHONE # []

VALID DRIVER'S LICENSE: (yes/no) [] STATE [] NUMBER: []

CARRIAGE OPERATOR(3): []

ADDRESS: [] TELEPHONE # []

VALID DRIVER'S LICENSE: (yes/no) [] STATE [] NUMBER: []

Office Use Only

approval of Police (includes approval of 'route')

approval of Fire

Proof of Insurance Attached.

Signed Statement Holding City Harmless Attached:

Veterinarian Affidavit Attached.

Carriage in Safe Operating Condition Affidavit Above.

Filing Fee: \$ _____ Date Paid: _____

Single Carriage & Horse Fee plus # of ADDITIONAL horses (# _____) is

Total License Fee(s): \$ _____ Date Paid: _____

License Issued by: _____ Date Issued: _____

ACTION BY COUNCIL: _____ ACTION DATE: _____

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