



**CITY OF KILLEEN**  
City Secretary's Office

Operating Authority

Code of Ordinances

Chapter 29, Article II  
Operating Authority

**RECEIVED**

JAN 17 2023

City of Killeen  
By: Beatrice Canseco  
Deputy City Secretary

**Operating Authority Application**

Return completed applications to: City Secretary, City Hall, 101 N. College Street, Killeen, TX 76541

An operating authority is valid for five (5) years from the date of approval. Vehicle permits are renewed annually.

Business / Trade Name: Longhorn Taxi  
Owner Name: Misty McClellan  
Business Address: 5904 E Veterans Memorial Blvd Ste 11 Killeen TX 76543  
Mailing Address: Same  
Phone Number: 254-554-8294 Email: et-cabexpress21@yahoo.com

Type(s) of Operating Authority requested:

☐ Limousine Service ☐ Airport Shuttle Service ☐ Shuttle Service  
☐ Charter Service ☒ Taxicab ☐ Other

Number of vehicle window permits requested:

\* A vehicle window permit is required for each vehicle.

         Limousine          Airport Shuttle          Shuttle  
         Charter          Taxicab   X   Other Just up latest permits

Vehicle Information:

\* If additional space is needed, you may use a separate page.

Year	Make	Model	Body Style	*Seating Capacity	**Service Type	License Number	VIN
2019	Dodge	GrandCaravan	VAN	6	TAXI	SHP2861	2C4R0GCG0KR790101
2015	Chrysler	Town & Country	VAN	6	TAXI	5XHL571	2C4RC1GG5FR520657
2011	Dodge	GrandCaravan	VAN	6	TAXI	NPH6121	2D4RN3DG9BR671057

\* Manufacturer's rated seating capacity

\*\* (L) Limousine (A) Airport Shuttle (S) Shuttle (C) Charter (O) Other

Driver Information:

\* List all drivers. If additional space is needed, you may use a separate page.

Name	Texas Driver's License #
<u>Alicia Rank</u>	
<u>Heather Cline</u>	
<u>Dale Rossander</u>	

Insurance Information:

Insurance Company: ATTACHED

Insurance Agent Name: \_\_\_\_\_

Insurance Agent Phone Number: \_\_\_\_\_

Insurance Agent License #: \_\_\_\_\_

All CABS Black w/yellow lettering



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The application must include the following information:

- Current State of Texas registration for each service vehicle
- The proposed rate of fare
- A certificate of insurance coverage listing the City of Killeen as additional insured
- Taxicab services – attach a description of the taximeter proposed to be used and a current rate card
- Taxicab services – indicate the color scheme of vehicles:

**Fee Information:**

A \$300.00 non-refundable application fee must be submitted with this application.

**Upon approval** of the operating authority, the following fees must be submitted:

Vehicle Permit \_\_\_\_\_ \$125.00 per vehicle

Airport Permit \_\_\_\_\_ \$50.00 per vehicle (if applicable)

\*Driver Permit \_\_\_\_\_ \$25.00 per driver (submitted to the Killeen Police Department)

\* All drivers must go to the Killeen Police Department headquarters, Records Department, located at 3304 Community Boulevard, to obtain a Driver Permit. The Police Department will require a letter of sponsorship from the company, a valid current Texas Driver's License, and a \$25.00 fee (cash only).

I, Misty McClellan, applicant do swear or affirm that all the information included within this application is accurate, and I understand that any omitted information or information found to be inaccurate will result in the denial of this application for operating authority or the revocation of an operating authority that is granted based on the information provided in this application. I also swear or affirm that I have read and understand Chapter 29 of the Killeen City Code relating to Transportation and agree to comply with the terms as written and as may be amended.

Misty McClellan  
Printed Name of Applicant

Misty McClellan  
Signature of Applicant

1/16/2024  
Date Submitted

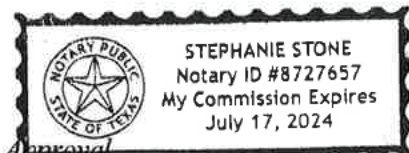
THE STATE OF TEXAS

COUNTY OF BELL

BEFORE ME, the undersigned authority, on this day appeared Misty McClellan known to me to be the person whose name is signed to the foregoing application and duly sworn by me states under oath that he/she has read the said application and that all the facts therein set forth are true and correct.

Sworn to before me, this, 16 day of January, 2024.

Stephanie E. Stone  
Notary Public



Application must go to the City Council for approval after City Manager Approval

RESET FORM



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/19/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> SPECIALTY UNLIMITED AGENCY LLC 600 E JOHN CARPENTER FWY #180 IRVING TX 75062 Thank you for your Business	<b>CONTACT NAME:</b> SAMANTHA TRACY <b>PHONE (A/C, No, Ext):</b> 214-905-9970 <b>FAX (A/C, No):</b> 214-951-9023 <b>E-MAIL ADDRESS:</b> SAMANTHA@UNLIMITEDINSURANCE.ORG														
<b>INSURED</b> LONGHORN TAXI [REDACTED] [REDACTED]	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : PROGRESSIVE COUNTY MUTUAL</td><td></td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : PROGRESSIVE COUNTY MUTUAL		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			953567255-1	11/15/2023	11/15/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 50,000 BODILY INJURY (Per accident) \$ 100,000 PROPERTY DAMAGE (Per accident) \$ 25,000 \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

2011 CHRYSLER Veh ID # 2A4RR5DG9BR623580  
2015 CHRYSLER Veh ID # 2C4RC1CG5FR520657  
2019 DODGE Veh ID # 2C4RDGCGDKR790101

THE INSURANCE COMPANY WILL PROVIDE A 30 DAY NOTICE OF CANCELLATION.

**CERTIFICATE HOLDER****CANCELLATION**CITY OF KILLEEN  
PO BOX 1329  
KILLEEN TX 76540-1329

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

SAMANTHA WEDLAKE

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WEBAGENT REGISTRATION RECEIPT

PROCESSING COUNTY: BELL  
RESIDENT COUNTY: BELL  
PLATE NO: NPH6621  
DOCUMENT NO: 26010044539143048

TAC NAME: SHAY LUEDEKE  
DATE: 09/12/2023  
TIME: 09:09AM  
USER: HEB721

EFFECTIVE DATE: 09/12/2023  
EXPIRATION DATE: 9/2024  
TRANSACTION ID: 624742562

OWNER NAME AND ADDRESS  
ERNEST T TURNER  
5904 E VETERANS MEM BLVD #17  
KILLEEN, TX 76542

REGISTRATION CLASS: PASSENGER-LESS/EQL 6000  
PLATE TYPE: PASSENGER-TRUCK PLT  
ORGANIZATION:  
STICKER TYPE: WS

PREVIOUS PLATE NO: NPH6621  
VEHICLE IDENTIFICATION NO: 2D4RN3DG9BR671051  
GROSS WT: 4600

INVENTORY ITEM(S)	YR	FEE	AMOUNT
WINDSHIELD STICKER	2024	WINDSHIELD STICKER	\$ 50.75
		REG FEE-DPS	\$ 1.00
		CNTY ROAD BRIDGE ADD-ON FEE	\$ 10.00
		CHILD SAFETY FUND	\$ 1.50
		INSPECTION FEE-1YR	\$ 7.50
		PROCESSING AND HANDLING FEE	\$ 4.75
		TOTAL	\$ 75.50

IMPORTANT DOCUMENT: Please retain for your records.  
THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.  
Purchased registration remains with this vehicle and  
will not be refunded if the vehicle is sold.

PEEL FROM BACK ONLY / DESPEGUE POR DETRÁS

NPH6621



66519286

09 24

BELL

BR671051

WINDSHIELD STICKER /  
CALCOMANÍA DE PARABRISAS

OR

Peel sticker from any corner.  
Despegue la calcomanía de cualquier esquina.



PLATE STICKER /  
CALCOMANÍA DE PLACA

### TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO.  
800-274-4499

COMPANY  
PROGRESSIVE COUNTY MUTUAL

POLICY NUMBER  
953567255-1

EFFECTIVE DATE  
11/15/2023

EXPIRATION DATE  
11/15/2024

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2011

DODGE CARAVAN

2D4RN3DG9BR671051

AGENCY

SPECIALTY UNLIMITED AGENCY LLC

AGENCY PHONE NO.

214-905-9970

600 E JOHN CARPENTER FWY #180

IRVING TX

75062

INSURED

LONGHORN TAXI

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the Specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

**SPANISH TRANSLATION**

**TRADUCCION DE ESPANOL**

#### Tarjeta de Seguro de Responsabilidad de Texas Guarde esta tarjeta.

**IMPORTANTE:** Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- registro de vehículo de motor
- licencia para conducir
- etiqueta de inspección de seguridad para su vehículo.

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide.

Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y de su registro de vehículo de motor, y la retención de su vehículo por un periodo de hasta 180 días (a un costo de \$15 por día).

#### Texas Liability Insurance Card Keep this card.

**IMPORTANT:** This card or a copy of your insurance policy must be shown when you apply for or renew your:

- motor vehicle registration
- driver's license
- motor vehicle safety inspection sticker.

You also may be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

**REGISTRATION RENEWAL RECEIPT**

PROCESSING COUNTY: BELL  
RESIDENT COUNTY: BELL  
PLATE NO: SHP2861  
DOCUMENT NO: 01440244873250032

TAC NAME: SHAY LUEDEKE  
DATE: 10/06/2023  
TIME: 11:39AM  
EMPLOYEE ID: FH004

EFFECTIVE DATE: 11/01/2023  
EXPIRATION DATE: 10/2024  
TRANSACTION ID: 01410345203113928

OWNER NAME AND ADDRESS  
ERNEST T TURNER  
5904 EAST VEETERANS MEMORIAL  
BLVD SUITE 11  
KILLEEN, TX 76543-5501

REGISTRATION CLASS: PASSENGER-LESS/EQL 6000  
PLATE TYPE: PASSENGER-TRUCK FLT  
ORGANIZATION:  
STICKER TYPE: NS

PREVIOUS PLATE NO:  
VEHICLE IDENTIFICATION NO: 2C4RDGCG6XR790101 VEHICLE CLASSIFICATION: PASS  
YR/MAKE: 2019/DODG MODEL: CAR BODY STYLE: VN UNIT NO:  
EMPTY WT: 4600 CARRYING CAPACITY: 0 GROSS WT: 4600  
BODY VEHICLE IDENTIFICATION NO: TRAVEL TRLR LENGTH: 0

INVENTORY ITEM(S)	YR	FEES ASSESSED		
WINDSHIELD STICKER	2024	WINDSHIELD STICKER	\$	50.75
		REG FEE-DPS	\$	1.00
		CNTY ROAD BRIDGE ADD-ON FEE	\$	10.00
		CHILD SAFETY FUND	\$	1.50
		INSPECTION FEE-1YR	\$	7.50
		PROCESSING AND HANDLING FEE	\$	4.75
		TOTAL	\$	75.50
VEHICLE RECORD NOTATIONS		METHOD OF PAYMENT AND PAYMENT AMOUNT:		
ACTUAL MILEAGE		CHARGE \$		75.50
PAPER TITLE				
MAJOR COLOR: BLACK				
		TOTAL AMOUNT PAID \$		75.50

**IMPORTANT DOCUMENT: Please retain for your records.**  
THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.  
Purchased registration remains with this vehicle and  
will not be refunded if the vehicle is sold.

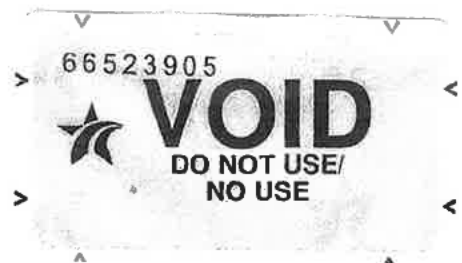
**PEEL FROM BACK ONLY / DESPEGUE POR DETRÁS**

**Peel sticker from any corner.**  
**Despegue la calcomanía de cualquier esquina.**

**WINDSHIELD STICKER /  
CALCOMANÍA DE PARABRISAS**

**OR**

**PLATE STICKER /  
CALCOMANÍA DE PLACA**



**TEXAS LIABILITY INSURANCE CARD  
COMMERCIAL POLICY**

COMPANY PHONE NO.  
800-274-4499

COMPANY  
PROGRESSIVE COUNTY MUTUAL

POLICY NUMBER  
953567255-1

EFFECTIVE DATE  
11/15/2023

EXPIRATION DATE  
11/15/2024

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2019

DODGE CARAVAN

2C4RDGCGDKR790101

AGENCY

SPECIALTY UNLIMITED AGENCY LLC

AGENCY PHONE NO.

214-905-9970

600 E JOHN CARPENTER FWY #180

IRVING TX

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**SPANISH TRANSLATION**

**TRADUCCION DE ESPANOL**

**Tarjeta de Seguro de Responsabilidad de Texas  
Guarde esta tarjeta.**

**IMPORTANTE:** Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- registro de vehículo de motor
- licencia para conducir
- etiqueta de inspección de seguridad para su vehículo.

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide.

Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y de su registro de vehículo de motor, y la retención de su vehículo por un periodo de hasta 180 días (a un costo de \$15 por día).

**Texas Liability Insurance Card  
Keep this card.**

**IMPORTANT:** This card or a copy of your insurance policy must be shown when you apply for or renew your:

- motor vehicle registration
- driver's license
- motor vehicle safety inspection sticker.

You also may be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

**TITLE APPLICATION RECEIPT**

PROCESSING COUNTY: BELL TAC NAME: SHAY LUEDEKE EFFECTIVE DATE: 04/14/2023  
RESIDENT COUNTY: BELL DATE: 04/19/2023 EXPIRATION DATE: 3/2024  
PLATE NO: SXH6571 TIME: 02:23PM EMPLOYEE ID: KILN001 TRANSACTION ID: 01432645033142325  
DOCUMENT NO: 01432645033142325  
PREV DOC NO: 27630044822092233-TX-09/20/2022 (P)

**OWNER NAME AND ADDRESS**

ERNEST T TURNER  
5904 E VETERANS MEMORIAL BLVD  
KILLEEN, TX 76543

REGISTRATION CLASS: PASSENGER-LESS/EQL 6000  
PLATE TYPE: PASSENGER-TRUCK PLT  
ORGANIZATION:  
STICKER TYPE: WS

VEHICLE IDENTIFICATION NO: 2C4RC1CG5FR520657 VEHICLE CLASSIFICATION: PASS  
YR/MAKE: 2015/CHRY MODEL: TC BODY STYLE: VN UNIT NO:  
EMPTY WT: 4800 CARRYING CAPACITY: 0 GROSS WT: 4800 TRAILER TYPE:  
BODY VEHICLE IDENTIFICATION NO: TVL TRLR L/W/SOFT: 0'0"  
PREV OWNER NAME: KILLEEN AUTO BROKERS PREV CITY/STATE: KILLEEN, TX

INVENTORY ITEM(S) YR  
PASSENGER-TRUCK PLT  
WINDSHIELD STICKER 2024

VEHICLE RECORD NOTATIONS  
ACTUAL MILEAGE  
PAPER TITLE  
MAJOR COLOR: BLACK

FEE	AMOUNT
TITLE APPLICATION FEE	\$ 13.00
TERP TITLE FEE	\$ 15.00
SALES TAX FEE	\$ 1,118.74
BUYERS TAG	\$ 5.00
WINDSHIELD STICKER	\$ 50.75
REG FEE-DPS	\$ 1.00
CNTY ROAD BRIDGE ADD-ON FEE	\$ 10.00
CHILD SAFETY FUND	\$ 1.50
INSPECTION FEE-1YR	\$ 7.50
PROCESSING AND HANDLING FEE	\$ 4.75
TOTAL	\$ 1,227.24

ODOMETER READING: 63719 BRAND: A  
OWNERSHIP EVIDENCE: CERTIFIED COPY TEXAS TITLE  
1ST LIEN

METHOD OF PAYMENT AND PAYMENT AMOUNT:  
CHECK #53141A \$ 1,227.24  
TOTAL AMOUNT PAID \$ 1,227.24

2ND LIEN

3RD LIEN

**SALES TAX CATEGORY: SALES/USE**

Date of Assignment/Sales Tax Date: 04/10/2023  
Sales Price \$ 17,899.90  
Less Trade In Allowance \$ 0.00  
Taxable Amount \$ 17,899.90  
Sales Tax Paid \$ 1,118.74  
Less Other State Tax Paid \$ 0.00  
Tax Penalty \$ 0.00  
TOTAL TAX PAID \$ 1,118.74  
Batch No: 3264503301 Batch Count: 2

THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.

THIS RECEIPT IS YOUR PROOF OF APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION.

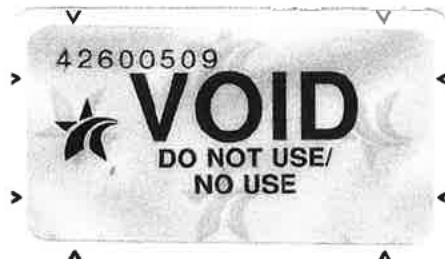
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800-274-4499

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953567255-1

EFFECTIVE DATE  
11/15/2023

EXPIRATION DATE  
11/15/2024

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2015

CHRYSLER T&C

2C4RC1CG5FR520657

AGENCY

SPECIALTY UNLIMITED AGENCY LLC

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214-905-9970

600 E JOHN CARPENTER FWY #180

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## Beatrice L. Canseco

---

**From:** Ernest Turner <et\_cabexpress21@yahoo.com>  
**Sent:** Friday, January 19, 2024 5:59 PM  
**To:** CitySec  
**Subject:** taxi meter and rates  
**Attachments:** taxi cab rate.pdf

**CAUTION:** This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know that the content is safe. Never enter your password or other sensitive information on linked web pages contained in this email unless you are certain the web pages are safe. If you have questions or need assistance, please contact the Help Desk at 254-501-8900.

we are running with the Centrodyne silent 610 also attached is a copy of the cab rates do i need to drop off a copy at City Hall

**Taxi cab Rates**

**Initial Drop \$2.50**

**Each Additional 1/10<sup>th</sup> mile .285**

**Waiting Time \$25.00 per hour**

**Each additional person \$1.00**

**Minimum Fare Amount \$5.00**

**Meter runs with time on**

**Miniumun Credit Card Charge is \$15.00**

**Cleaning fee \$35.00**

**Taxi cab Rates**

**Initial Drop \$2.50**

**Each Additional 1/10<sup>th</sup> mile .258**

**Waiting Time \$25.00 per hour**

**Each additional person \$1.00**

**Minimum Fare Amount \$5.00**

**Meter runs with time on**

**Miniumum Credit Card Charge is \$15.00**

**Cleaning fee \$35.00**