



City of Lawrence

Horse-drawn Vehicle License Application

COMPANY INFORMATION					
Company Name:					
Company Address	Street:	City:	State:	Zip:	
Mailing Address	Street:	City:	State:	Zip:	
Company Phone:		Preferred Phone:	E-Mail Address:		
PERSON(S) DRIVING HORSE-DRAWN VEHICLE INFORMATION					
Last Name:		First Name:	Middle Name:	Date of Birth:	Driver's License #:
Mailing Address	Street:	City:	State:	Zip:	
Home Phone:		Alternate Phone:	E-Mail Address:		
Last Name:		First Name:	Middle Name:	Date of Birth:	Driver's License #:
Mailing Address	Street:	City:	State:	Zip:	
Home Phone:		Alternate Phone:	E-Mail Address:		
Last Name:		First Name:	Middle Name:	Date of Birth:	Driver's License #:
Mailing Address	Street:	City:	State:	Zip:	
Home Phone:		Alternate Phone:	E-Mail Address:		
Last Name:		First Name:	Middle Name:	Date of Birth:	Driver's License #:
Mailing Address	Street:	City:	State:	Zip:	
Home Phone:		Alternate Phone:	E-Mail Address:		

THE ABOVE INFORMATION IS TRUE AND CORRECT. I HAVE READ A COPY OF CHAPTER VI, ARTICLE 11, OF THE CITY CODE OF LAWRENCE, KANSAS, REGARDING HORSE DRAWN VEHICLE REGULATIONS. I UNDERSTAND I AM RESPONSIBLE FOR THE DRIVER(S) PLACED IN CHARGE OF THE HORSE-DRAWN VEHICLES OPERATED UNDER THIS LICENSE. I FURTHER UNDERSTAND THAT SHOULD THE LICENSE BE REFUSED OR REVOKED BY THE CITY COMMISSION, NO FEES PAID HEREUNDER ARE REFUNDABLE OR PRORATED. ANY DRIVER(S) ADDED TO MY EMPLOYMENT SHALL BE REPORTED TO THE CITY CLERK'S OFFICE PRIOR OPERATING ANY VEHICLE(S). [HTTPS://ASSETS.LAWRENCEKS.ORG/ASSETS/CITY-CODE/CHAPTER06.PDF](https://assets.lawrenceks.org/assets/city-code/chapter06.pdf)

PLEASE INCLUDE: \$50.00 Fee
 Insurance and Health Certificate

 APPLICANT'S NAME (Printed)

 APPLICANT'S SIGNATURE

 TODAY'S DATE

HORSE-DRAWN VEHICLE LICENSE APPLICATION APPROVAL
(For Office Use Only)

Fee Paid: Yes No

Insurance on File: Yes No

Health Certificate on File: Yes No

City Commission Approved on: ____/____/____

License Issued on: ____/____/____

City Clerk