



City of League City Ordinance 2008.26

Company Application



A non-refundable permit fee of two hundred (\$200.00) per application is due at the time of each application. No pro-rated amounts. Check or money order will be accepted payable to City of League City. No cash will be accepted.

Subject to approval by the Emergency Medical Service Department. Each application expires on the last day of January following the issuance of the permit.

Any false, misleading or omitted information on this application is a violation of the City of League City City Ordinance and could be cause for denial of permit.

NEW _____

RENEWAL _____

Name of Company _____

Business Address _____

Street City Zip

Owner/Agent of Company _____

Director of Operations _____ Email _____

Phone _____ Dispatch _____

Type of Service: For Profit _____ Volunteer _____ Municipal _____

Medical Director _____

Address _____

Street City Zip

Phone _____

TX Medical License # _____ DEA # _____

Is physician registered in Galveston and Harris County, Texas? Yes _____ No _____

Incomplete applications will not be accepted

Before this application can be processed, the following information must accompany this application. Failure to provide required information will be grounds for denial of ambulance permit.

1. A description of each ambulance owned and/or operated by the applicant, including make, model, year, state license number and color scheme. Photo of front and side views of the unit are acceptable.
3. A list of all employees that will be permitted.
2. Provide current copy of medical protocols. Submit copy on CD or flash drive.
3. Certificate of Liability as required by city ordinance.
6. Written proof of compliance with fire codes must accompany each application for any company having offices or stations in the city limits of League City, Texas.

City of League City Use Only

New _____	Renewal _____	Permit # _____		
			YES	NO
Proof of required insurance			_____	_____
Proof of Medical Director			_____	_____
Verification city taxes are not delinquent			_____	_____
Application fee included			_____	_____
Copy of current medical protocols			_____	_____

Date Received _____

Approved _____

Disapproved _____

Permit Issued _____

EMS Inspector _____