



**Borough of Gettysburg  
Horse-Drawn Carriage License**

C - \_\_\_\_\_ - \_\_\_\_\_

Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICATION FEE:**

\$350.00 for up to six (6) passenger carriage  
\$425.00 for carriage with seven (7) passengers or more  
*One application per carriage*

**SUBMIT THE FOLLOWING ITEMS:**

- License fee via check or money order payable to "Borough of Gettysburg"
- Proof of Insurance
- Operators Certification
- Veterinarian records for each horse
- Photo of carriage

**AMUSEMENT LICENSE REQUIRED #** \_\_\_\_\_  
*License shall be prominently displayed on the rear of each carriage.*

**Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I have read, understand, and agree to comply with all requirements of the Borough Code of Ordinances - Chapter 13: Licenses, Permits and General Business Regulations, Part 1: Amusements and Part 9: Horse-Drawn Carriages; certifying that all information I have provided is correct and current to the best of my knowledge.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**OFFICE USE ONLY**

Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

Title: \_\_\_\_\_



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**Names, Addresses and Valid Driver License number for each Driver/Operator**  
(Use extra paper if necessary)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_