

**APPLICATION FOR
TAXICAB LICENSE
CITY OF CHIPPEWA FALLS**

Application for a license to operate one or more taxicabs on the streets of Chippewa Falls from date of approval to the end of the license period June 30, 2025.

1. Name: (First, Middle, Last) _____

2. Home Address: _____

Business Name and Address: _____

Presently Zoned: _____

3. Date of Birth: _____ Phone Number: _____ Cell Phone Number: _____

4. Wisconsin Drivers License Number: _____

5. How long have you resided at your current address? _____

6. Have you lived in any other state in the past 5 years? _____ Yes _____ No
If yes, please list City/State: _____

7. Have you ever held a license to drive taxicab or operate a motor vehicle for hire? _____ Yes _____ No

8. Have you ever had your driver's license or taxicab license revoked? _____ Yes _____ No
If yes, for what reason: _____

9. Have you ever been convicted of violating any local ordinance or statute of the State of Wisconsin? _____ Yes _____ No
If yes, please list violation and conviction date: _____

10. Explain why granting a taxicab license to you is necessary and what public convenience it would provide. (Attach additional pages if necessary: _____

11. **SIGNATURE OF APPLICANT:** _____ **Date:** _____

Date Presented to Council: _____ Public Hearing Date: _____

Recommendation of Police Department: ___ Approve ___ Deny By: _____

Council Action: _____ Approval: _____ Denial: _____

REQUIRED - Per City Ordinance 12.06 (6), no license shall be issued unless the applicant provides a copy of the insurance policy verifying liability insurance coverage of \$250,000 per individual, \$500,000 per accident and \$50,000 for personal property damage.

Date: _____ License # _____

License Issued By: _____

Clerk / Deputy Clerk

TAXICAB (VEHICLE) INFORMATION

Vehicle 1:

Description: _____

Make: _____

Model: _____

VIN: _____

Plate No.: _____

Vehicle 2:

Description: _____

Make: _____

Model: _____

VIN: _____

Plate No.: _____

Vehicle 3:

Description: _____

Make: _____

Model: _____

VIN: _____

Plate No.: _____

Vehicle 4:

Description: _____

Make: _____

Model: _____

VIN: _____

Plate No.: _____