

Find yourself next to the water.

ASHLAND

City of Ashland, Wisconsin
601 Main Street West Ashland, WI 54806 www.coawi.org

APPLICATION FOR TAXICAB OPERATIONS

LICENSE # _____
DATES VALID _____

SECTION 1 – BUSINESS INFORMATION

Business Name		Owner Name	
Street Address	City	State & ZIP	
Business Phone Number		Alternate Phone Number	
Location where vehicles will be kept when not in service			

SECTION 2 – Circle One **APPLICANT** OR **ASSISTANT** INFORMATION.

NOTE: If minors, proof of State Street Trade Permit must be provided pursuant to WI ACT 113

Name (Last, First, MI)		Maiden Name / AKA	
Home Address	City	State & ZIP	
Driver's License Number	State that issued license	Social Security Number	
Date of Birth	Sex	Home Phone	Cell Phone
Site Location or Method of Delivery:			
Insurance Company	Policy #	Expiration Date	
Have you applied for a permit in the City of Ashland before?		If yes, what year?	
List the last 2 communities you've held a permit in:			
List any crime or ordinance violations you've had in the last 5 years. Additional listed on back. <input type="checkbox"/>	Status (Pending, Guilty, Dismissed)	Location & Date/Year	

I, the undersigned, affirm that I have given complete and true answers and understand that my past record will be part of this application. I hereby make application to the local governing body of the City of Ashland, County of Ashland, Wisconsin, for a "Transient Merchants, Solicitor, and Door-to-Door Sales Permit".

I certify that I am familiar with the laws, ordinances and regulations, and I hereby agree, if granted said license, to obey all provisions of said laws. I understand that any false information made as part of this application may be cause for denial.

(Notary required if NOT returning application in person.)
Subscribed and sworn before me
this _____ day of _____, 20____

Applicant's Signature Date

Staff Signature as Witness Date

Notary Public Signature
My Commission Expires: _____

Provide the following for each vehicle:

VEHICLE MAKE/MODEL	DESCRIPTION (COLOR, SEDAN, ETC)	PLATE NUMBER

COPY of WI Seller's Permit

COPY of Driver's License

COPY of Certificate of Liability

BACKGROUND CHECK: (if applicable)

Police Chief: Approval Denial - due to: _____

Signature of Police Chief or Designee _____

Treasurer/Comptroller: Approval Denial – due to: _____

Building and/or Fire Inspection: Approval Denial – due to: _____

The City of Ashland Common Council

Approved on _____

Denied due to: _____

FEES APPLIED:

Ashland City Ordinances Chapter 165: Comprehensive Fee Schedule

License Fee Due – first vehicle \$ 50.00

Each additional vehicle _____ x \$25

TOTAL DUE \$

PAID TO THE CITY OF ASHLAND (date) _____

RECEIPT # _____