

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 # _____

RECEIPT # _____

SECTION 1 – BUSINESS INFORMATION

| | | | |
|--|------|------------------------|--|
| Business Name | | Owner Name | |
| Street Address | City | State & ZIP | |
| Business Phone Number | | Alternate Phone Number | |
| Location/Address where vehicle(s) 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/Cell Phone | Email Address |
| Insurance Company | Policy # | Expiration Date | |
| Have you ever been denied 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 Taxicab Operations.

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.)*

Applicant's Signature Date

Staff Signature as Witness Date

Subscribed and sworn before me
this _____ day of _____, 20____

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 and reason: _____

Signature of Police Chief or Designee _____

Treasurer/Comptroller: Approval Denial and reason: _____

Building and/or Fire Inspection: Approval Denial and reason: _____

The City of Ashland Common Council Approved on _____

Denied: _____

FEES APPLIED:

Per Chapter 165 Comprehensive Fee Schedule, Ashland City Ordinances

License Fee Due – first vehicle \$ 50.00

Each additional vehicle _____ x \$25

TOTAL DUE \$