



**APPLICATION FOR TAXICAB OPERATIONS**

License Valid Dates: \_\_\_\_\_

**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 <i>ever been denied</i> 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.	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.

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

\_\_\_\_\_  
Date

**ADDITIONAL REQUIRED DOCUMENTATION**

*Attach all copies to this application.*

- COPY of WI Seller's Permit
- COPY of Driver's License
- COPY of Certificate of Liability

**Provide the following for each vehicle:**

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

**BACKGROUND CHECK:**

APD recommends: Approval Denial - reason: \_\_\_\_\_

Clerk / Deputy Clerk's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Lic # \_\_\_\_\_

**FEES APPLIED: Per Chapter 165 Comprehensive Fee Schedule, Ashland City Ordinances**

License Fee Due – first vehicle		\$ 50.00
Each additional vehicle	_____ x \$25	
<b>TOTAL DUE</b>		<b>\$</b>