



City License 455 N. Main – 1<sup>st</sup> Floor Wichita KS 67202  
(316) 268-4553

**AMBULANCE COMPANY  
MEDI-COACH COMPANY  
LICENSE APPLICATION**

*Please allow 10 days for processing.  
Please use a separate form for each type of License Application.*  
Date \_\_\_\_\_

New \_\_\_\_\_ Renewal \_\_\_\_\_

**AMBULANCE COMPANY**

\_\_\_\_\_ Business, Fee \$100.00 exp December 31st  
\_\_\_\_\_ Vehicle, Fee \$20.00 annually per vehicle

**MEDI-COACH COMPANY**

\_\_\_\_\_ Business, No Fee  
\_\_\_\_\_ Vehicle, Fee \$15.00 annually per vehicle

**BUSINESS INFORMATION:**

Business Name		Phone Number	
Business Address			Zip
Number of Vehicles to be Operated	Name of Liability Insurance Company		

**APPLICANT INFORMATION:**

Applicant Name		Phone Number	
Residential Address			Zip
Applicant DOB			

**OWNER INFORMATION:** Please provide the following information for each partner or, if a corporation, each officer, director, and stockholder hold any interest in the corporation. If more space is needed, use blank sheets to answer each question.

Name		Home Phone	
Residential Address			Zip
Owner DOB			

If applying for Medi-Coach license, please answer the following question:

Has any person listed on this application been convicted of a felony? \_\_\_\_\_yes \_\_\_\_\_no (If yes, please explain in detail on a separate sheet of paper)

**VEHICLE INFORMATION** (attach additional sheet if more than one vehicle)

Make	Model	
Year	Motor Number	
Color and Design	State License Number	
VIN Number	License Tag Number	
Number of person vehicle constructed to carry	Proposed number of passengers	

**PLEASE ENCLOSE A LIST OF FARES TO BE CHARGED FOR SERVICES RENDERED TO THE PUBLIC AND A CURRENT COPY OF LIABILITY INSURANCE FOR EACH VEHICLE.**

I hereby certify that I have read and am familiar with the ordinances of the City of Wichita and with the requirements thereof as they pertain to my license. Further, under penalty of perjury, I certify that all information provided is true and accurate to the best of my knowledge.

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

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

	<b>Approved</b>	<b>Disapproved</b>	<b>Date</b>
Environmental Services			
Law Dept (insurance approval)			
License #	Date	Released	Expiration