



CITY LICENSE
(316) 268-4553

**TAXICAB COMPANY
LICENSE APPLICATION**

New _____
Renewal _____
\$200.00 per year
\$100.00 per vehicle per year

BUSINESS INFORMATION

BUSINESS NAME		PHONE NUMBER	
BUSINESS ADDRESS		ZIP	
BUSINESS E-MAIL ADDRESS			
OWNER NAME		PHONE NUMBER	
OWNER OFFICE ADDRESS		ZIP	
OWNER E-MAIL ADDRESS			
DAYS AND HOURS OF BUSINESS			

CORPORATION (IF APPLICABLE): Please provide the following information for all officers, directors, and each stockholder holding more than 5% of stock in the corporation. If more space is needed, use blank sheets to answer each question.

NAME		HOME PHONE	
RESIDENTIAL ADDRESS		ZIP	

PARTNERSHIP (IF APPLICABLE): Complete the following information for each partner, including all limited partners. If the applicant is a limited partnership, it shall furnish a copy of its certificate of limited partnership. If one of the partners is a corporation, complete the Corporation section above. For more space use a blank sheet to answer each question.

NAME		HOME PHONE	
RESIDENTIAL ADDRESS		ZIP	

VEHICLE INFORMATION (attach a sheet if more than one vehicle)

OWNER NAME		PHONE NUMBER	
ADDRESS CITY STATE		ZIP	
YEAR, MAKE AND MODEL		COLOR AND DESIGN	
VIN NUMBER		LICENSE TAG NUMBER	
NUMBER OF PERSON VEHICLE CONSTRUCTED TO CARRY		PROPOSED NUMBER OF PASSENGERS	

Has the applicant, partner, or shareholder been:

- Convicted of a felony within the past 5 years? YES ___ NO ___
- Now or has ever been registered as a sex offender? YES ___ NO ___
- Had a Taxicab Company license suspended or revoked? YES ___ NO ___

Include:

- Proof of Insurance
- Proof of Vehicle Registration from the State of Kansas for each vehicle
- Schedule of Proposed Fees

I, _____, the applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. Furthermore, I hereby agree to comply with all laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita.

Signature of Applicant

Notary Public

My appointment expires on the _____ day of _____, 20____

If this form is being submitted for only the purpose of adding a vehicle to the taxicab fleet the above does not need to be notarized.

FOR OFFICIAL USE ONLY

	APPROVED	DISAPPROVED	DATE
PUBLIC WORKS FLEET			
LAW (insurance approval)			
LICENSE #	DATE	RELEASED	EXPIRATION