



**CHARTERED LIMOUSINE COMPANY  
LICENSE APPLICATION**

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

CITY LICENSE  
455 N MAIN, WICHITA, KS 67202  
(316) 268-4553

\_\_\_\_\_ Charter Limousine Company Fee \$200.00 per year

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

OWNER NAME			PHONE NUMBER		
ADDRESS CITY STATE				ZIP	

**BUSINESS INFORMATION**

BUSINESS NAME			PHONE NUMBER		
BUSINESS ADDRESS				ZIP	
MAILING ADDRESS				ZIP	
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	

- Have any drivers ever had their State Drivers License ever been suspended or revoked? YES \_\_\_ NO \_\_\_  
If yes, please record driver name and date of event on the back of the application.
- Have any drivers been convicted of:
  - Traffic violations YES \_\_\_ NO \_\_\_
  - A felony YES \_\_\_ NO \_\_\_
 Please list who, when, and where on the back of this form.

**REQUIRED ATTACHMENTS:**

Schedule of proposed rates to be charged by the hour, day, week or month; provided, however, that no less than fifteen dollars per chartered hour or portion thereof shall be charged, with a two hour minimum charge per charter.

List of Vehicles including VIN number, Tag Number, Passenger Maximum.

Certificate of Insurance listing all vehicles covered. Certificate should also list the amount of coverage per incident.

List of Drivers including: name, date of birth, address, phone number, State of Kansas Drivers License and expiration Date

Provide completed KDOT vehicle inspection reports, or have vehicles inspected by City of Wichita Fleet Maintenance.

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

**FOR OFFICIAL USE ONLY**

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE