



**TAXICAB VEHICLE  
LICENSE APPLICATION**

New: \_\_\_\_\_

Renew: \_\_\_\_\_

\$100.00 per vehicle per year

CITY LICENSE  
(316) 268-4553

**APPLICANT:** Complete the following information for the individual completing the application.

NAME		HOME PHONE	
RESIDENTIAL ADDRESS		ZIP	

**TAXICAB COMPANY:** Complete the following information for the company the taxicab vehicle will be providing service.

NAME		PHONE	
ADDRESS		ZIP	

**VEHICLE INFORMATION:**

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

Include:

- Proof of Insurance\*
- Proof of Vehicle Registration from the State of Kansas for each vehicle\*

*\*If a vehicle inspection permit is issued and there are any subsequent changes regarding this information, it is the responsibility of the vehicle owner to update this information with the City of Wichita.*

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**

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