

**CITY OF HAMMOND, INDIANA APPLICATION For  
TAXICAB LICENSE**

Receipt # \_\_\_\_\_

**Fee: \$130.00 per Vehicle**

License \_\_\_\_\_

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**Insurance Requirements:  
\$500,000 Injury, \$500,000 Property**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

New Business \_\_\_\_\_ Renewal \_\_\_\_\_ **New Business Applicants Require a Photo ID**

I hereby make application for license to operate a Taxicab or Taxicabs in the City of Hammond, Indiana.

Business Name \_\_\_\_\_ IN Tax ID \_\_\_\_\_

Address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Applicant's Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Sole Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

(If applicant is a corporation, a copy of the articles of incorporation must be filed with this application.)

**List Officers, Associates and Partners**

1 \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Position \_\_\_\_\_

2 \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Position \_\_\_\_\_

1. Is co-partnership of corporation authorized to do business in the State of Indiana? \_\_\_\_\_
2. Give number of taxicabs for which the applicant seeks licenses? \_\_\_\_\_
3. Was applicant ever convicted of a felony? \_\_\_\_\_ If yes please explain \_\_\_\_\_

4. Are all taxicabs equipped with floor mats of rubber, leather or similar nonabsorbent material readily removable or washable? \_\_\_\_\_
5. Are all taxicabs equipped with an interior dome light of sufficient candle power to illuminate the entire interior? \_\_\_\_\_
6. Are all taxicabs identified with the name of owner operating, same painted thereon? \_\_\_\_\_
7. Are all taxicabs numbered? \_\_\_\_\_
8. Are all taxicabs in good mechanical condition and manufactured less than eight years old? \_\_\_\_\_
9. Are all taxicabs equipped with taximeters of standard size and design, encased with gear intact and illuminated with continuous light in the face of the dial? \_\_\_\_\_

STATE OF INDIANA  
§  
COUNTY OF LAKE

\_\_\_\_\_, Being, first duly sworn upon oath, deposes and says that he is familiar with the ordinances of the City of Hammond governing the operation of taxicabs. Affiant further deposes and says that he will not himself do, or authorize or permit any act to be done in violation of the laws of the United States of America, laws of the State of Indiana, or the ordinances of the City of Hammond, Indiana, in or about his place of business, or in the conducting of his business. Affiant further deposes and says that the answers by him made to the foregoing questions are true and correct and are made for the sole and only purpose of procuring a license from the City of Hammond, Indiana to operate taxicabs upon the streets of the City of Hammond, and for no other purpose.

**LIABILITY**

This business license is issued upon the representations made at the time of application. All Business License applicants, by submitting this application, agree to abide and be bound by all Federal, State, and Local regulations applicable, and violation of same is grounds for termination of this license. Nothing in the granting or issuance of this license creates liability on behalf of the City of Hammond, its agents or assigns and license holder assumes all liability and responsibility for the licensed premises.

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**CITY OF HAMMOND, INDIANA APPLICATION For  
TAXICAB LICENSE  
 Fee: \$130.00 per Vehicle  
 Insurance Requirements:  
 \$500,000 Injury, \$500,000 Property**

Page 2 of 2

Year	Made	Model	License plate #	Insurance policy
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____

I hereby testify that I am familiar with the ordinances of the City of Hammond, Indiana, governing the operation of the above mentioned business, and I hereby further swear that I will not myself do, or authorize or permit any act to be done in violation of the laws of the United States of America, the State of Indiana, or the ordinances of the City of Hammond, Indiana in or about my place of operation. All the answers made by me to the foregoing questions are true and are made for the sole purpose of obtaining a license from the City of Hammond to operate a lawful business.

**LIABILITY**

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_