

Receipt No. _____

Dated _____

APPLICATION FOR TAXI CAB VEHICLE LICENSE

From July 1, 2013 through June 30, 2014

TO THE COUNCIL OF THE CITY OF PLYMOUTH, WISCONSIN:

Name of Applicant _____

Address _____ City _____

State _____ Zip _____

Business Address if different _____

Phone _____

NUMBER OF VEHICLES TO BE LICENSED _____

<u>VIN NUMBER</u>	<u>MAKE</u>	<u>LICENSE PLATE NUMBER</u>	<u>CAB NO</u>	<u>MAXIMUM NUMBER ADULT PASSENGERS</u>
1. _____				
2. _____				
3. _____				
4. _____				

INSURANCE CARRIER _____

ADDRESS _____

NAME OF INSURED _____

POLICY DATED _____

POLICY EXPIRATION DATE _____

POLICY FILED/CITY CLERK _____

In accordance with Section 7-7-1 of the Municipal code the fee is as follows: \$25.00 for the first vehicle; \$5.00 for EACH ADDITIONAL vehicle.

Business Name of Applicant

Signed By

POLICE DEPARTMENT EXAMINATION / CERTIFICATION

I hereby certify that I have examined the above described vehicle(s) and find as follows:

1. _____

2. _____

3. _____

4. _____

Signed _____

Dated _____

See back side for checklist

TAXI CAB CHECKLIST

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Horn				
Footbrake				
Windshield				
Rear Vision Mirror				
Fenders				
Exhaust System				
Windshield Wipers				
Emergency Brake				
Directional Signals				
Speedometer				
License Lamps				
Tires				
Headlamps				
Stop Lamps				
Tail Lamps				
Taxi Cab Markings				