CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:

TAXICAB SERVICE LICENSE

Fee: $150
(Plus $50 for first vehicle, $25 each additional vehicle)

❑New ❑Renewal

Date Submitted: _____ Amount Paid: $ _____ Receipt No. _____

Name of Applicant (Last, First, MI):_____

Address of Applicant: _____

Date of Birth:_____ Daytime Telephone Number: _____

Applicant's Drivers License Number: _____State:_____

Business Name:_____Telephone No. _____

Business Address: _____

Proposed hours of Operation: _____

_____

Name of Auto Insurance Carrier: (Attach Proof of Coverage):_____

Proposed Rate Schedule: _____

_____

_____

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

_____ _____

Signature of Applicant Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

- ❑ Background check completed. _____
- ❑ License Approved: _____ License Valid from _____, 20_____ through March 31, 20_____

  Conditions (if any): _____
- ❑ Date Denied: _____ Reason(s): _____

  _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/14