



License Fees		For Office Use only
Annual Fee	\$25.00	Date Rec'd _____
Additional Vehicles	\$ 7.00 ea.	Receipt _____
TOTAL AMOUNT PAID \$ _____		

Application for Taxicab Company & Limousine Service

Answer all questions completely. Please print clearly!

Name of Company: _____ **Business Phone:** _____

Business Address: _____ City _____ State _____ Zip _____

Individual
 Partnership
 Corporation

Owner's Name: _____ **Date of Birth:** / /

Owner's Name: _____ **Date of Birth:** / /

Owner's Name: _____ **Date of Birth:** / /

Vehicles to be Operated

Vehicle	Capacity	Name/Model	DOT License No.

1. Is the company currently licensed in any other municipality? Yes No If YES, what Municipality? _____

2. Has the company ever been denied a license by any municipality? Yes No If YES, please explain: _____

3. Have any of the owners ever been convicted of a crime? Yes No If YES, please explain: _____

4. Describe the basic operations of the company: _____

5. If the business is located in the Town limits, 27.06 (8) of the Municipal Code requires that off-street parking be provided for. If applicable, what provisions have been made for off-street parking? _____

Signature of company Representative: _____

Certificate of Insurance on file: Yes No **FOR OFFICE USE ONLY** **Town Board Approval Date:** _____

APPROVALS REQUIRED

Police / / Approve Deny By _____ Reason Denied: _____

Fire / / Approve Deny By _____ Reason Denied: _____

Comm. Dev. / / Approve Deny By _____ Reason Denied: _____

**Reasonable accommodations for persons with Disabilities will be made upon request and if feasible.
Return application to: Town Clerk - 1900 Grand Chute Blvd., - Grand Chute, WI 54913-9613**