



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**