

**CITY OF TOMAH
APPLICATION FOR TAXICAB LICENSE**

(\$25 PER YEAR FOR THE FIRST TAXICAB & \$20 PER YEAR FOR EACH ADDITIONAL TAXICAB)

I hereby make application to the City of Tomah and submit the following information as required by Chapter 50 to Tomah Wisconsin's Code of Ordinances.

1. Name and address of Taxicab Company requesting license:

2. Information of each Taxicab to be licensed:

Cab #1: Identification #: _____
Year: _____ Make: _____ Model: _____
VIN #: _____ WI State Certificate of Title #: _____
License Plate #: _____ Capacity of Passengers: _____
Is Vehicle Mortgaged? No Yes, Amount of Mortgage: _____

Cab #2: Identification #: _____
Year: _____ Make: _____ Model: _____
VIN #: _____ WI State Certificate of Title #: _____
License Plate #: _____ Capacity of Passengers: _____
Is Vehicle Mortgaged? No Yes, Amount of Mortgage: _____

Cab #3: Identification #: _____
Year: _____ Make: _____ Model: _____
VIN #: _____ WI State Certificate of Title #: _____
License Plate #: _____ Capacity of Passengers: _____
Is Vehicle Mortgaged? No Yes, Amount of Mortgage: _____

Cab #4: Identification #: _____
Year: _____ Make: _____ Model: _____
VIN #: _____ WI State Certificate of Title #: _____
License Plate #: _____ Capacity of Passengers: _____
Is Vehicle Mortgaged? No Yes, Amount of Mortgage: _____

Cab #5: Identification #: _____
Year: _____ Make: _____ Model: _____
VIN #: _____ WI State Certificate of Title #: _____
License Plate #: _____ Capacity of Passengers: _____
Is Vehicle Mortgaged? No Yes, Amount of Mortgage: _____

Cab #6: Identification #: _____
Year: _____ Make: _____ Model: _____
VIN #: _____ WI State Certificate of Title #: _____
License Plate #: _____ Capacity of Passengers: _____
Is Vehicle Mortgaged? No Yes, Amount of Mortgage: _____

3. Insurance Information:

Name of Insurance Company: _____
Name of Insured: _____
Amount of Insurance: _____
Policy #: _____ Expiration Date: _____
Have you ever been licensed to operate a taxi? No Yes
If yes, where? _____
Was your license ever revoked? No Yes
If yes, reason revoked? _____

STATE OF WISCONSIN

ss.

COUNTY OF MONROE

_____, being first duly sworn deposes and says that he/she is the above named applicant; that he/she has read the foregoing application and knows the contents thereof, and that the same is true.

Applicant Signature

Subscribed and sworn to before me this _____ day of _____, 20_____

OFFICE USE ONLY

Receipt #: _____ Amount Paid \$: _____ Date: _____
Date approved by City Council: _____ License No.: _____
Issue Date: _____ Expire Date: _____