



TAXICAB OPERATOR'S LICENSE APPLICATION

Code Section 6.56

January 1st through December 31st

Taxicab Operator License Fee: \$10.00

Please Print Clearly

Owner's Name of Taxi Service: _____

Address Business is Conducted: _____

Name of Applicant: _____
(Last) (First) (M.I.)

Date of Birth: _____ Phone Number: _____

Address of Applicant: _____

Applicant Email Address: _____

Partnership: Name of Company: _____

Address of Company: _____

Names/Addresses of Partners: _____

Corporation: Name of Corporation: _____

Address of Corporation: _____

President (Name/Address): _____

Vice-President (Name/Address): _____

Secretary (Name/Address): _____

Treasurer (Name/Address): _____

Type of Taxicab Used: _____

Factory I.D. Number: _____

State License Number: _____

Type of Taxicab Used: _____

Factory I.D. Number: _____

State License Number: _____

Type of Taxicab Used: _____

Factory I.D. Number: _____

State License Number: _____

Fees: Annual fee \$10.00 for the operator's license and one taxicab, plus \$5.00 for each additional taxicab operated. **When a taxicab is replaced, there shall be a \$2.50 fee for the replacement vehicle.**

The applicant, upon making application for an operator's license, shall file with the City Administrator a policy of insurance guaranteeing the payment of any final judgement rendered against the licensee arising out of the negligent operation, maintenance or use of the taxicab or taxicabs used in rendering said taxicab service.

Signature of Partner

Signature of Applicant

Signature of Partner

Signature of President/or Secretary of Corporation

*Applicant may mail or drop off the application and fee to the Ripon City Hall, 100 Jackson St., Ripon, WI 54971.
Questions may be emailed to the City Clerk at nmiller@cityofripon.com or call 920-748-4915.*

Date received and filed with Municipal Clerk:	Cash, Check or Credit Card (Circle One)	Receipt Number:
Date City Administrator Reviewed Application:	City Administrator Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Denied	City Administrator Initial:
Date Reviewed by Police Chief:	Police Chief Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Denied	Police Chief Initial:
License Number:	Date Issued:	Initial of Clerk/Deputy Clerk:
Date Submitted to Council:	Council Determination: <input type="checkbox"/> Approve <input type="checkbox"/> Denied	

