

APPLICATION FOR TAXICAB BUSINESS LICENSE

Request:	<input type="checkbox"/> Renewal (\$50.00)	<input type="checkbox"/> New (\$50.00)	<input type="checkbox"/> Amendment (\$25.00)
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APPLICANT NAME (Individual/Partnership/Corporation)		DATE OF BIRTH	
NAME OF ESTABLISHMENT		PHONE NUMBER	
PHYSICAL ADDRESS OF ESTABLISHMENT	CITY	STATE	ZIP
MAILING ADDRESS (If different than above)	CITY	STATE	ZIP

Insurance Information

A certified copy of the commercial automobile liability policy for the vehicles to be licensed must be submitted to Clerk

NAME OF INSURANCE COMPANY
NAME OF AGENT

The following vehicles will be used as taxicabs within the Village of Mukwonago:

Year	Make	Model	Passenger Capacity	VIN

I hereby apply for a Taxicab Business License, from the date hereof to June 30, 20____, pursuant to Chapter 349.24 of the Wisconsin Statutes and Chapter 90 of the Mukwonago Municipal Code and I agree to comply with all other Federal, State and Local laws, resolutions, ordinances and regulations, affecting the operation of a taxicab business if a license be granted to me.

I further certify that the statements in the foregoing application subscribed by me are true and correct to the best of my knowledge.

Subscribed and sworn to me this _____ day
of _____, 20____.

Notary Public _____

Applicant's Signature _____

County _____

Commission Expires _____

FOR OFFICE USE ONLY		
DATE RECEIVED	RECEIPT #	LICENSE #