



City of Lawrence

Taxicab License Application

OWNER INFORMATION				
Name of Owner(s)	Last Name:	First Name:	Middle Name:	
Business Address	Street:	City:	State:	Zip:
Business Phone:	Alternate Phone:	E-Mail Address:		

VEHICLE INFORMATION				
Make of Vehicle:			Type of Vehicle:	
Factory No. on Vehicle:	Horsepower:	Seating Capacity:	State License No.:	
Make of Vehicle:			Type of Vehicle:	
Factory No. on Vehicle:	Horsepower:	Seating Capacity:	State License No.:	
Make of Vehicle:			Type of Vehicle:	
Factory No. on Vehicle:	Horsepower:	Seating Capacity:	State License No.:	
Make of Vehicle:			Type of Vehicle:	
Factory No. on Vehicle:	Horsepower:	Seating Capacity:	State License No.:	

Explanation of Fares to be Charged to Customers:

LICENSE FEES				AMOUNT PAID
First Vehicle	\$100.00	Expires December 31		\$ _____
Second Vehicle	\$50.00	Expires December 31		\$ _____
Third Vehicle	\$50.00	Expires December 31		\$ _____
Each Additional Vehicle	\$25.00	Expires December 31		\$ _____

I HEREBY STATE THE ABOVE-LISTED VEHICLE IS OF PUBLIC BENEFIT AND CONVENIENCE. I ACKNOWLEDGE I WILL BE HELD RESPONSIBLE FOR THE DRIVER(S) PLACED IN CHARGE OF THE TAXICAB LICENSED TO ME. ATTACHED IS A COPY OF PROOF OF INSURANCE OF EACH VEHICLE TO BE LICENSED.

PLEASE INCLUDE: Fees as stated above
 Proof of insurance

 APPLICANT'S NAME (Printed) APPLICANT'S SIGNATURE TODAY'S DATE

TAXICAB LICENSE APPROVAL (For Office Use Only)	
APPROVED BY THE CITY COMMISSION ON THE ____ DAY OF _____, _____	
_____ City Clerk	