



City of Lawrence

Taxi Cab Business Permit and Taxi Cab License Application

Owner Information

Last Name:		First Name:		Middle Name:	
Social Security #:		Date of Birth:	Driver's License #:	State:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	Street:	City:		State:	Zip:
Phone Number:		E-Mail Address:			
Has the person listed above ever been convicted, under the laws of the State of Kansas or any other jurisdiction, of a felony, a crime involving dishonesty, a crime against a person, driving under the influence, or driving with a suspended driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to the above question, state nature of offense and penalty:					
Do you have an outstanding arrest warrant in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a fugitive from any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the person listed above as owner/registered agent had a Taxicab Business Permit or Taxicab License revoked by the City within the preceding two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Business Information

Business Name:		E-Mail Address:			
Address	Street:	City:	State:	Zip:	Business Phone:
Mailing Address	Street:	City:	State:	Zip:	24-Hour Phone:

Taxi Cab License Fees

Taxi Cab Business Permit	\$100.00	\$100.00
Taxi Cab License	\$50.00 per vehicle X _____	\$ _____
	(# of Vehicles)	
Total Fees Due		\$ _____

I HEREBY CERTIFY THAT THE ABOVE AND FOREGOING INFORMATION IS TRUE AND CORRECT. I UNDERSTAND FEES PAID FOR PROCESSING THIS APPLICATION ARE NOT REFUNDABLE OR PRORATED IN THE EVENT THIS LICENSE IS NOT APPROVED OR REVOKED FOR ANY REASON. I ACKNOWLEDGE I WILL BE SOLELY RESPONSIBLE FOR ANY AND ALL DRIVER(S) PLACED IN CHARGE OF ANY TAXICAB LICENSED TO ME.

PLEASE INCLUDE:

- Fees as stated above
- Proof of insurance for each vehicle not less than \$300,000.00 for vehicles with a seating capacity of six (6) or fewer, and \$500,000.00 for vehicles with a seating capacity of seven (7) or more (per occurrence, combined single limit for bodily injury and property damage)
- Vehicle information (next page)
- Proof applicant owns each vehicle being licensed (e.g. copy of title or state license registration)
- Copy of Rate Card or explanation of fares to be charged

APPLICANT'S NAME (Printed)

APPLICANT'S SIGNATURE

DATE

VEHICLE INFORMATION

Make and Model of Vehicle:			
Vehicle ID# (VIN):	Year:	Seating Capacity:	License Plate No.:
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Make and Model of Vehicle:			
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