

**Taxi Cab Business Permit and Taxi Cab License Application**

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| **Owner Information** |
| Last Name:       | First Name:       | Middle Name:       |
| Social Security #:      | Date of Birth:      | Driver’s License #:      | State:      | Gender:[ ]  Male [ ]  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? [ ]  Yes [ ]  No |
| If yes to the above question, state nature of offense and penalty:       |
| Do you have an outstanding arrest warrant in any jurisdiction? [ ]  Yes [ ]  No |
| Are you a fugitive from any jurisdiction? [ ]  Yes [ ]  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? [ ]  Yes [ ]  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 $100.00Taxi 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

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 APPLICANT’S NAME (Printed) APPLICANT’S SIGNATURE DATE

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| **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:      |
| Vehicle ID# (VIN):      | Year:      | Seating Capacity:      | License Plate No.:      |
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City Clerk Office

(785) 832-3200

cityclerk@lawrenceks.org

<http://lawrenceks.org/city_clerk>