

**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 $100.00  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

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

(785) 832-3200

[cityclerk@lawrenceks.org](mailto:cityclerk@lawrenceks.org)

<http://lawrenceks.org/city_clerk>