

Fees: \$150.00 Application  
\$25.00 Each Vehicle  
\$15.00 Record Check Fee Each Individual

License Expires on March 31, \_\_\_\_\_

### Application for Public Passenger Vehicle Provider's License

FEIN#: \_\_\_\_\_

Wisconsin Seller Permit #: \_\_\_\_\_

NAME OF PERSON IN CHARGE: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Pursuant to Article XXVIII of the Municipal Code of the City of Racine, application is hereby made for a license to operate the following type of business in the City of Racine:

- Taxicab
- Shuttle Vehicle
- Luxury Limousine
- Handicapped and Elderly Vehicle
- Horse and Surrey

Name of applicant (individual, partnership or association, or corporation)

#### INDIVIDUAL OR PARTNERSHIP

Person's Name	Address & Home Phone Number	Date of Birth

#### CORPORATION (NAME)

Title	Name	Address	Date of Birth
President			
Vice-President			
Secretary			
Treasurer			

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

**Answer the following questions fully and completely:**

List information relating to any felonies or misdemeanors within the five years prior to application, including place of conviction. Such information shall be provided for all officers, directors, and managing agents of a corporation or association and all partners of a partnership.

Name/Title	Date of Conviction	Place of Conviction	Sentence

Financial status of applicant, including the amount, nature, and cause of any outstanding judgments against the applicant: \_\_\_\_\_

\_\_\_\_\_

Experience of applicant in the public transportation business:

\_\_\_\_\_

\_\_\_\_\_

Provide the name and address of the insurance company, and its agent, underwriting the insurance as required by Sec. 22-1051. **(Copy of insurance policy or certificate of insurance must be filed with the City Clerk and reviewed by the City Attorney).**

Provide the name and appropriate commercial/regular driver's license number for each employee who operates a public passenger vehicle for your business:

Name	License Number

The rate or rates which the applicant proposes to charge for such services:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant(s)	Date of Birth	Driver's License #	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State of Wisconsin )  
  )  
County of Racine  )

\_\_\_\_\_, being  
first duly sworn, on oath, says that (s)he/they are the persons(s) who made and signed the foregoing  
application for a Public Passenger Provider's License, and that all the statements made by the applicant(s) are  
true.

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, Racine County, Wisconsin

My commission expires: \_\_\_\_\_

# Public Passenger Vehicles

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

**Vehicle Inspection Certificate(s) and Insurance Policy or Certificate of Insurance are attached for the following vehicle(s) to be used pursuant to Article XXVIII of the Municipal Code.**

License Number Issued	Number of Passengers	Serial Number	Year	Make	Body	State License Number

The location(s) where the above vehicles will be kept:

\_\_\_\_\_  
The name or names of any lien holders on the vehicles used or to be used:

\_\_\_\_\_

The color scheme or insignia to be used, if appropriate, to designate the vehicle or vehicles of the applicant:

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_