

# CITY OF LAKE GENEVA

## TAXI COMPANY LICENSE APPLICATION



*Please Check:*

- Original Application
- Renewal of Current License

**PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED. ANNUAL LICENSE EXPIRES JUNE 30<sup>TH</sup> EACH YEAR. FEES OF \$50.00 FOR FIRST CAR AND \$25.00 PER EACH ADDITIONAL CAR ARE DUE UPON APPLICATION.**

**NOTE: Application must be accompanied by the following documents:**

- Copy of policy of liability insurance covering all vehicles, insuring the licensee against loss from liability to the amount of \$300,000 for the injury or death of one or more persons and in the amount of \$100,000 for damage to property of others for any one accident due to negligent operation of vehicle.
- Copy of certificate of inspection signed by a reputable automobile mechanic or public garage owner certifying that the vehicle sought to be licensed is mechanically sound and in a thoroughly safe condition for the transportation of passengers and in clean, fit and good appearance.
- Taxi/Trolley Driver License Application(s) for any drivers who are not currently licensed with the City of Lake Geneva.

**ANY APPLICATION SUBMITTED WITHOUT THE REQUIRED DOCUMENTATION SHALL BE CONSIDERED INCOMPLETE AND REJECTED.**

### **BUSINESS INFORMATION**

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

Bus. Address (Physical): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name of Liability Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**BUSINESS OWNER/AGENT INFORMATION**

Owner/ Agent Name: \_\_\_\_\_

Owner/ Agent Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY**

1. Have you been previously licensed to operate a taxicab company? YES NO

If Yes, please state where: \_\_\_\_\_

2. Have you ever had a license revoked? YES NO

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**TAXI VEHICLE INFORMATION**

Total Number of Vehicles to be operated: \_\_\_\_\_

Vehicle #1		
Make	Model	Year
Capacity	License Plate No.	
VIN	Certificate of Title No.	

Vehicle #2		
Make	Model	Year
Capacity	License Plate No.	
VIN	Certificate of Title No.	

Vehicle #3		
Make	Model	Year

Capacity	License Plate No.
VIN	Certificate of Title No.

**APPLICANT SIGNATURE**

\_\_\_\_\_ DATE: \_\_\_\_\_

*For Office Use Only*

Date Filed: _____	Police Chief
Receipt No: _____	Recommendation: _____
Total Amount: _____	Approved _____ Denied _____
Forwarded to Police Chief: _____	
Forwarded to City Attorney: _____	City Attorney Approval of Liability Insurance: _____
FLR Approval: _____	License Date: _____
Council Approval: _____	License Number: _____

## VEHICLE SAFETY INSPECTION\*\*\*\*\*

**Instructions:** The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

Vehicle Owner/Agent Name
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Vehicle – Year	Make	Model	Color	Odometer Reading	License Plate Number
Name – Inspecting Company or Agency			Name – Inspector		Telephone Number
Address			City	State	Zip Code

### VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace		
<b>BRAKES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SAFETY FEATURES</b>	<input type="checkbox"/>	<input type="checkbox"/>		
1. Failure indicator light	<input type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input type="checkbox"/>	<input type="checkbox"/>		
2. System integrity	<input type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input type="checkbox"/>	<input type="checkbox"/>		
3. Pedal reserve	<input type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input type="checkbox"/>	<input type="checkbox"/>		
4. Disc / drum condition	<input type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input type="checkbox"/>	<input type="checkbox"/>		
5. Hoses and assembly	<input type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input type="checkbox"/>	<input type="checkbox"/>		
<b>SUSPENSION</b>	<input type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Shock absorbers / struts	<input type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input type="checkbox"/>	<input type="checkbox"/>		
7. Springs	<input type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input type="checkbox"/>	<input type="checkbox"/>		
8. Shackles	<input type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input type="checkbox"/>	<input type="checkbox"/>		
9. Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<b>WIPERS / WIPER BLADES</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>STEERING</b>	<input type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input type="checkbox"/>	<input type="checkbox"/>		
10. Lash	<input type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input type="checkbox"/>	<input type="checkbox"/>		
11. Free turning	<input type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input type="checkbox"/>	<input type="checkbox"/>		
12. Linkage play	<input type="checkbox"/>	<input type="checkbox"/>	<b>TIRES – FRONT</b>	Lft	Rt	Lft	Rt
13. Power system	<input type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EXHAUST SYSTEM</b>	<input type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Legal muffler	<input type="checkbox"/>	<input type="checkbox"/>	<b>TIRES – REAR</b>	Lft	Rt	Lft	Rt
16. Tailpipe	<input type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			33. Matching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			34. Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief Comments – Refer to Item Number

SIGNATURE – Inspector	Date – Inspection
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