

**CITY OF HAYSVILLE
TAXICAB
LICENSE APPLICATION**

APPLICATION MUST BE ACCOMPANIED BY LICENSE FEE OF \$25.00

APPLICANT INFORMATION

FULL NAME OF APPLICANT:

HOME ADDRESS:

HOW LONG RESIDED:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

HOME PHONE NUMBER:

MOBILE PHONE NUMBER:

BUSINESS INFORMATION

NAME OF BUSINESS:

ADDRESS OF BUSINESS:

BUSINESS PHONE NUMBER:

ALTERNATE PHONE NUMBER:

VEHICLE INFORMATION

LIST INFORMATION ON ALL VEHICLES OPERATING IN THE BUSINESS

LICENSE PLATE #	VIN #	MAKE/MODEL	COLOR/MARKINGS

INSURANCE INFORMATION

Please provide proof of liability insurance for each taxicab, coverage of not less than:

- \$25,000.00 Injury or death of any one person;
- \$50,000.00 Injury or death of any number of persons in any one accident;
- \$10,000.00 Property damage in any one accident.

No insured may cancel such insurance until it provides at least ten (10) days advance written notice of such cancellation to the City Clerk and such advance notice period thereafter expires.

LIST NATURE AND CHARACTER OF TAXI SERVICE AND FACTS SHOWING THE DEMAND FOR SUCH SERVICE.

I understand that in the event I fail to comply with any provisions of the ordinances of the City of Haysville or the City Code, The City Clerk may, upon fourteen (14) days written notice to me, revoke and cancel my license. I also understand that I may appeal such notice within ten (10) days to the Governing Body.

I, _____, the above named applicant, hereby agree to comply with all rules and regulations prescribed by the City of Haysville, Kansas, relating to Taxi Cab licensing and do hereby agree to immediate revocation of my solid waste disposal and collection license by proper officials for any violation of such laws, rules and regulations.

License fee of \$ _____ is enclosed herewith.

AFFIRMATION OF OATH

I, _____, being duly sworn, upon oath depose and say: that I am the applicant who makes the above foregoing application; that I have idea and signed the same, know the contents thereof and that all statements herein contained are true.

Signature of Applicant

STATE OF KANSAS, COUNTY OF SEDGWICK, SS:

Subscribed and sworn before me, a Notary Public in and for said county and state, this _____ day of _____, 20__.

(seal)

Notary Public