



Application for Taxicab Operator License

For the license period beginning January 1, 20____ and ending December 31, 20____.

To the governing body of the City of Marshfield, County of Marathon/Wood:

1. The named: Individual Partnership Corporation/Non-profit organization Closed corporation

2. Name: (Individual/partners give last name, first, middle. Corporations give registered name.)

Title	Name	Address	City/State/Zip
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President _____

Vice President _____

Secretary _____

Treasurer _____

3. Trade name _____ Business phone _____

4. Address of premises _____

5. Names and addresses of drivers _____ Birthdate _____

6. **Liability:** Insurance in the amount of \$100,000 for injury to any one person; \$300,000 for damages arising out of any single accident; \$100,000 to insure payment of damages to property resulting from negligence of the operator of a vehicle. (An insurance policy must be attached to this application.)

Name of insurance company _____

Policy no. _____ Expiration date _____

7. Number of vehicles to be used _____

8. Data for each vehicle:

License no. _____ Color _____ Year/Make _____

License no. _____ Color _____ Year/Make _____

License no. _____ Color _____ Year/Make _____

9. **Owner:** The owner WILL provide each driver with a badge which will be worn openly by the driver while operating any motor vehicle of passengers for hire. The owner WILL see that the permit issued by the City of Marshfield for each driver is placed in a conspicuous location in the vehicle while they are working.

Signature (president of corporation/partner/individual) _____

Signature (secretary of corporation/partner) _____

Subscribed and sworn to before me this _____ day of _____, 20____,

(City Clerk)_____ My commission expires (mm/dd/yyyy) _____ .

Rate list received _____

Date received and filed with municipal clerk _____

Date reported to License Committee _____ Date granted _____

License no. issued _____