



City of Hudson Application for Taxi Cab License

SECTION 1 – APPLICANT INFORMATION

Company Name/DBA:		Address:	
City:	State:	Zip:	Phone:
Authorized Representative's Name (First, Last, MI):		Address:	
City:	State:	Zip:	Phone:

SECTION 2 – CORPORATION INFORMATION

* If a corporation, a certified copy of the Articles of Incorporation with the name, age, residence, and mailing address of the primary officers are needed)

President:	Name (First, Last, MI):	Address:
Vice President:	Name (First, Last, MI):	Address:
Secretary:	Name (First, Last, MI):	Address:
Treasurer:	Name (First, Last, MI):	Address:

SECTION 3 – VEHICLE INFORMATION

Vehicle #1			
Lic. #:	VIN#:	Year/Make/Model:	Capacity:
Vehicle #2			
Lic. #:	VIN#:	Year/Make/Model:	Capacity:
Vehicle #3			
Lic. #:	VIN#:	Year/Make/Model:	Capacity:

*For Additional Vehicles, please attach a sheet.

SECTION 3 – ADDITIONAL INFORMATION

Location of Depots or Terminals:	Number of Vehicles Operated
Experience in the Transportation of passengers:	
Color scheme or insignia to be used to designate the vehicle or vehicles:	

***Certificate of Insurance is required to be from an Insured Company authorized to do business in Wisconsin and shall contain the vehicle identification number, and the number of the state license plate for each vehicle covered by the policy, and such policies shall indemnify the applicant in the amount of \$500,000 single liability coverage for the injury or death of one or more persons and damage to the property of others for any one accident due to the negligent operation of any vehicle covered by such policy. (A copy of the Certificate of Insurance must accompany this application)**

SECTION 4 – OATH

St. Croix County, State of Wisconsin

_____, being first duly sworn on oath, says that he/she is the person who made and signed the foregoing application for an Operator's License; that all the statements made by applicant are true.

Applicant Signature: _____ Date: _____

Subscribed and sworn to before me on this _____ of _____, 20_____

Notary Signature: _____ Date Expires: _____

FOR OFFICE USE ONLY

Taxi Fee Collected: \$100.00/yr (First Vehicle) <input type="checkbox"/> Yes <input type="checkbox"/> No \$25.00/yr (Additional Vehicles)	License No:
Council Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Issued: _____/_____/_____	Approved by Clerk: Yes No
Fees Paid: <input type="checkbox"/> AR <input type="checkbox"/> Court <input type="checkbox"/> Parking <input type="checkbox"/> Utility <input type="checkbox"/> Taxes	Date of Background Check: _____/_____/_____



City of Hudson Application for Taxi Cab License

SECTION 3 – VEHICLE INFORMATION (CONTINUED)

Vehicle #4

Lic. #:	VIN#:	Year/Make/Model:	Capacity:
---------	-------	------------------	-----------

Vehicle #5

Lic. #:	VIN#:	Year/Make/Model:	Capacity:
---------	-------	------------------	-----------

Vehicle #6

Lic. #:	VIN#:	Year/Make/Model:	Capacity:
---------	-------	------------------	-----------

Vehicle #7

Lic. #:	VIN#:	Year/Make/Model:	Capacity:
---------	-------	------------------	-----------

Vehicle #8

Lic. #:	VIN#:	Year/Make/Model:	Capacity:
---------	-------	------------------	-----------

Vehicle #9

Lic. #:	VIN#:	Year/Make/Model:	Capacity:
---------	-------	------------------	-----------

Vehicle #10

Lic. #:	VIN#:	Year/Make/Model:	Capacity:
---------	-------	------------------	-----------

Vehicle #11

Lic. #:	VIN#:	Year/Make/Model:	Capacity:
---------	-------	------------------	-----------

Vehicle #12

Lic. #:	VIN#:	Year/Make/Model:	Capacity:
---------	-------	------------------	-----------

Vehicle #13

Lic. #:	VIN#:	Year/Make/Model:	Capacity:
---------	-------	------------------	-----------

Vehicle #14

Lic. #:	VIN#:	Year/Make/Model:	Capacity:
---------	-------	------------------	-----------

Vehicle #15

Lic. #:	VIN#:	Year/Make/Model:	Capacity:
---------	-------	------------------	-----------