

Receipt No. \_\_\_\_\_  
Dated \_\_\_\_\_

**APPLICATION FOR TAXI CAB VEHICLE LICENSE**

**From July 1, 2\_\_\_\_\_ through June 30, 2\_\_\_\_\_**

TO THE COUNCIL OF THE CITY OF PLYMOUTH, WISCONSIN:

Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Address if different \_\_\_\_\_  
Phone \_\_\_\_\_

NUMBER OF VEHICLES TO BE LICENSED \_\_\_\_\_

<u>VIN NUMBER</u>	<u>MAKE</u>	<u>LICENSE PLATE NUMBER</u>	<u>CAB NO</u>	<u>MAXIMUM NUMBER ADULT PASSENGERS</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

INSURANCE CARRIER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME OF INSURED \_\_\_\_\_ POLICY DATED \_\_\_\_\_  
POLICY EXPIRATION DATE \_\_\_\_\_ POLICY FILED/CITY CLERK \_\_\_\_\_

In accordance with Section 7-7-1 of the Municipal code the fee is as follows: \$25.00 for the first vehicle; \$5.00 for EACH ADDITIONAL vehicle.

\_\_\_\_\_  
Business Name of Applicant

\_\_\_\_\_  
Signed By

**POLICE DEPARTMENT EXAMINATION / CERTIFICATION**

I hereby certify that I have examined the above described vehicle(s) and find as follows:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

*See back side for checklist*

## TAXI CAB CHECKLIST

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
<b>Horn</b>				
<b>Footbrake</b>				
<b>Windshield</b>				
<b>Rear Vision Mirror</b>				
<b>Fenders</b>				
<b>Exhaust System</b>				
<b>Windshield Wipers</b>				
<b>Emergency Brake</b>				
<b>Directional Signals</b>				
<b>Speedometer</b>				
<b>License Lamps</b>				
<b>Tires</b>				
<b>Headlamps</b>				
<b>Stop Lamps</b>				
<b>Tail Lamps</b>				
<b>Taxi Cab Markings</b>				