

**APPLICATION FOR TAXICAB VEHICLE LICENSE**

TO: The Council of the  
City of Fond du Lac, Wisconsin

Filing Date: \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS LOCATION \_\_\_\_\_

NO. OF VEHICLES TO BE LICENSED \_\_\_\_\_

<u>IDENT. NO.</u>	<u>MAKE</u>	<u>YEAR</u>	<u>STATE LICENSE NUMBER</u>	<u>CAB NO.</u>	<u>MAXIMUM NUMBER ADULT PASSENGERS</u>

INSURANCE CARRIER \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF INSURED \_\_\_\_\_

POLICY DATED \_\_\_\_\_

POLICY EXPIRATION DATE \_\_\_\_\_

POLICY FILED WITH CITY CLERK \_\_\_\_\_

**In accordance with § 433-1 of the Municipal Code, the fee is as follows:**

**\$55.00 for the first vehicle;  
\$50.00 for EACH ADDITIONAL vehicle.**

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

License No. \_\_\_\_\_

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

**CONTROL NO.** \_\_\_\_\_

\_\_\_\_\_  
Signed by

**CITY OF FOND DU LAC**

*Memorandum*

*Date:*

*To:* Chief of Police Attn: Records Division

*From:* City Clerk

*Subject:* Taxi Cab License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provide to this office.

**CITY OF FOND DU LAC**

*Memorandum*

*Date:*

*To:* City Clerk

*From:* Chief of Police

*Subject:* Taxi Cab License

I hereby recommend that the application be:

\_\_\_\_\_ Granted a license

\_\_\_\_\_ Denied a license

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TAXI CAB VEHICLE INSPECTION REPORT

Company Name: \_\_\_\_\_

Vehicle No: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

Item	Remarks	OK	Repair
<b>BRAKES-SERVICE &amp; PARKING</b> (No pedal fade; No metal on metal grind; Parking holds vehicle when placed in gear.)		<input type="checkbox"/>	<input type="checkbox"/>
<b>STEERING GEAR</b> (No excessive play; No howling or whining noise when turned; Fluid clean, not burnt.)		<input type="checkbox"/>	<input type="checkbox"/>
<b>TIRES &amp; SUSPENSION &amp; WHEELS</b> (Minimum 2/32 tread depth; No uneven pattern of wear; Suspension to have no excessive bounce, clunks, or leaking parts; No missing lugs on wheels.)		<input type="checkbox"/>	<input type="checkbox"/>
<b>ENGINE &amp; EXHUAUST SYSTEM</b> (Smooth sound when running with no excessive smoke or mist; Exhaust to be sealed with no leaks or excessive noise; Only solid pipe with proper hangers to be used.)		<input type="checkbox"/>	<input type="checkbox"/>
<b>GLASS &amp; WIPERS</b> (No damage in drivers view; Wipers able to properly clean windshield.)		<input type="checkbox"/>	<input type="checkbox"/>
<b>DEFROSTER</b> (Properly maintained to emit air to clear windows of steam/ice.)		<input type="checkbox"/>	<input type="checkbox"/>
<b>HORN &amp; MIRRORS</b> (Electric type horn operating; Mirrors sufficient to view to the rear.)		<input type="checkbox"/>	<input type="checkbox"/>
<b>LIGHTS</b> (All lights installed to be working properly; White shining to the front only, red to the rear.)		<input type="checkbox"/>	<input type="checkbox"/>

All motor vehicle standards as outlined in TRANS 305 Standards for Motor Vehicle Equipment are to be followed. The list above is to be utilized as a suggested standard for inspection of Taxi cabs operated in the City of Fond du Lac.