

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 _____

PHONE NUMBER _____ EMAIL _____

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>
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[illegible]

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:

Receipt No. _____

License No. _____

Business Name of Applicant

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 _____



**TAXICAB INSPECTION FORM AND
PERSONAL VEHICLE INSPECTION FORM**

(To be completed by a certified mechanic)

(Complete one form for each vehicle included on application)

Taxicab Co. Name: _____ Address: _____

Phone: _____ E-mail: _____

YEAR: _____ MAKE: _____ MODEL: _____

VEHICLE NO: _____ VIN: _____

LICENSE PLATE NO: _____ STATE LICENSED: _____ COLOR: _____

Pass Fail

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Headlights, taillights, break lights, turn signals, backup lights |
| <input type="checkbox"/> | <input type="checkbox"/> | Windshield wipers operational and wiper condition good |
| <input type="checkbox"/> | <input type="checkbox"/> | Horn, mirrors inside and outside |
| <input type="checkbox"/> | <input type="checkbox"/> | Exhaust system including muffler - no leaks |
| <input type="checkbox"/> | <input type="checkbox"/> | Glass - windshield, side windows and rear - no obstructions |
| <input type="checkbox"/> | <input type="checkbox"/> | Brakes both front and rear, parking brake |
| <input type="checkbox"/> | <input type="checkbox"/> | Fluid levels, oil, transmission, power steering, brakes, wipers, radiator and any excessive leaks including fuel system |
| <input type="checkbox"/> | <input type="checkbox"/> | Steering, shocks/suspension |
| <input type="checkbox"/> | <input type="checkbox"/> | Tire treads greater than 1/16 inch, no irregular tread wear |
| <input type="checkbox"/> | <input type="checkbox"/> | Belts (serpentine and other) |
| <input type="checkbox"/> | <input type="checkbox"/> | Seat belts - operational front and rear |

Any other deficiencies or remarks: _____

I certify the above listed vehicle was in satisfactory condition for use as a taxicab or transportation network company personal vehicle.

Mechanic Name: _____

Shop Name: _____

Shop Address: _____

Mechanic Signature: _____ Date: _____