



Vehicle for Hire: Business License Application

Renewal **New Application** For Year: 20

LICENSE TYPE: Taxicab Passenger Service Vehicle Limousine Wheelchair Trans. Bus (fixed route)

BUSINESS INFORMATION

Business Name (as it will appear on license): _____

Business Address: _____

Business Phone: _____ Business email address: _____

SD Sales Tax Number: _____

Verified by Licensing Specialist

Federal EIN (Federal Employer Identification Number): _____

To obtain more information about this, please go online: www.ein-gov.us.

If business is a partnership or corporation, please provide name and address of each partner/officer:

Name: _____ Address: _____

APPLICANT/OWNER INFORMATION

Name: _____ Date of Birth: _____

Home Address _____ Home Phone: _____

City, State, ZIP _____ Cell Phone: _____

Have you lived at current address for more than 5 years? Yes No

If not, please list all addresses that you have lived during the last 5 years: _____

Is applicant also the contact person? Yes No If not, who is the contact person for this application:

Contact Name: _____ Address: _____

Home Phone/Cell Phone: _____

Previous experience in motor vehicle transportation business: _____

A general statement of reason supporting the granting of the application: _____

Location (address) from which the vehicles will operate or be parked when not in operation: _____

If the parking address is your home address, you must obtain a Home Occupation Permit from the City Zoning Department.

Number of vehicles proposed to be operated: _____

VEHICLES TO BE OPERATED

THIS SECTION TO BE COMPLETED BY THE COMPANY OWNER					TO BE COMPLETED BY CITY		
Year	Make/Model	Commercial License Plate #	# of Passengers	Is the vehicle equipped with a Taximeter?	Vehicle Inspection form attached	Insurance Card Attached	VFH Tag #
				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If additional room is needed, use reverse side of application form.

List below additional vehicle operators' names, contact information.

Ordinance Sec. 124.060 states it shall be unlawful for any driver or for any business to permit a driver to operate a vehicle for hire for the conveyance of passengers without first obtaining a license as the driver.

NAME	ADDRESS	CELL PHONE	IS THIS DRIVER AN EMPLOYEE?		TO BE COMPLETED BY CITY
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Valid License per PD
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

