

CITY OF NEW BUFFALO - Application for Taxicab License

APPLICANT INFORMATION

If the applicant is a partnership, partner information must be attached; and if the applicant is a corporation, the information for all officers and directors must be attached as well. The fee for this license is \$50.00; it expires annually on March 31.

Applicant's full name: _____
Last First Middle Suffix

Any previously used name(s)/ aliases: _____

Chauffeur's License Number: _____
State Number

Age: _____ Date of birth (MM/DD/YYYY): _____

Residence: _____
(No PO Boxes) House No. Street City State ZIP

Present occupation: _____ Phone: _____

AUTOMOBILE INFORMATION (Separate licenses needed for each vehicle.)

Make: _____ Body-style: _____ Year: _____

Serial number: _____ Engine number: _____

License plate state: _____ License plate Number: _____

Seating capacity: _____ Vehicle weight: _____

BACKGROUND INFORMATION

1. Are there any unpaid or unbonded judgments of record against you (or if a partnership or corporation, any of the partners, officers or directors thereof); and if so, the title of all actions and the amount of all judgments unpaid or unbonded, and the court in which the same were rendered:

2. What is your experience, in City and elsewhere, in the operation of taxicabs or other common carriers:

3. Have you (or if a partnership or corporation, any of the partners, officers or directors thereof) ever been charged with, convicted of or pled guilty to any felony, crime, or misdemeanor; and, if so, the date, nature of the offense, and the court in which such charge was made, conviction was obtained or plea of guilty was entered:

4. Which place(s), within the City or elsewhere, will be your office and garage from which you will operate:

5. How many taxicabs do you hold licenses for altogether as of this date: _____

6. Who is the owner of this taxicab: _____

7. Are there any liens, mortgages, or other encumbrances, including conditional sales contracts, on your taxicabs; if so, what is the amount and character of each one, and the name of the holder of each one:

8. Attach list of three non-family character references, how you know them, and their contact information.

"I certify that the facts contained in this application are true and complete to the best of my knowledge; and I authorize investigation of all facts and references provided."

Signature: _____ Date: _____