

License Number _____
License Issued _____
Board Approved Date _____

License Fee \$30
Receipt Number _____

VILLAGE OF ELLSWORTH

LICENSE APPLICATION FOR TAXICAB, OWNERS and DRIVER'S

Period covering January 1, _____ through December 31, _____

Name of Applicant _____
(Last) (Middle) (First)

Home Address _____

Name of Business _____

Business Address _____

Telephone (Business) _____

Date of Birth _____ Social Security No. _____

Federal Tax No. _____ State Tax No. _____

The following items must be completed and/or accompany the completed application.

1. Number of Taxicabs to be licensed _____
2. Make, Year, Model, Serial Number, Wisconsin Registration Number or License Number of each Vehicle (Vehicle Inspection Certificate).
3. License Fee - \$30.00 for first vehicle per year (\$10.00 for each additional).
4. License Fee - \$10.00 per driver. (application attached) Every person holding a taxicab license may designate one (1) driver to be licensed without the required fee.
5. Certificate of Insurance covering the following:
... Bodily injury and property damage in the amount of \$1,000,000.00 (each vehicle).
... proof of Workers' Compensation coverage.
6. Inspection certificate from local auto service center. (Vehicle Inspection certificate)
7. Schedule of proposed maximum rates to be charged by him/her during the licensed period for which the application is made.

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Wisconsin Statutes Section 102.28 (2)(a) requires every employer to insure payment of workers' compensation through an insurer authorized to do business in this state.
Please provide the following information:

Insurance Company Name: _____
(Not insurance agent)

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: _____
(or)

I am not required to have Workers' Compensation liability coverage because:

() I have no employees covered by the law.

() Other (Specify) _____

I certify the above information is correct. I agree to notify the Village of Ellsworth of any cancellation, non-renewal or change of coverage, or notice thereof, prior to the effective date of any such cancellation, non-renewal or change of coverage. Failure to comply with this provision, or furnishing false information regarding coverage, may subject me to the penalties imposed under Sec. 102.85, Wis. Stats., which may include fine, court costs, and an order of the court directing me to cease business operations.

Date _____

(Signature)

License Application for Driver

Name of Applicant _____
(Last) (Middle) (First)

Home Address _____

Telephone number _____

Date of Birth _____

Driver License Number _____

I hereby certify that the information contained in this application is true and correct. I am aware that withholding information or making false statements on the application will be basis for denial/revocation of license.

Signature of Applicant _____ Date _____

[] Approved [] Denied

Signature of Police Representative _____ Date _____

VEHICLE INSPECTION CERTIFICATE

Name of Business _____

Address _____

Vehicle Make _____ Model _____ Year _____

Serial Number _____ Wisconsin Registration Number or License Number _____

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps and Aim	_____	_____	_____
Parking Lamps Directional	_____	_____	_____
Lamps Flashing Warning	_____	_____	_____
Lamps	_____	_____	_____
Sidemarkers Lamps/Reflectors	_____	_____	_____
Tail Lamps	_____	_____	_____
Back Up Lamps	_____	_____	_____
Brake Lamps	_____	_____	_____
Steering System	_____	_____	_____
Hood & Trunk Latches	_____	_____	_____
Emission/Exhaust System	_____	_____	_____
Tires (incl. spare & jack)	_____	_____	_____
Windshield (incl. wipers & washers)	_____	_____	_____
Windows (side, rear)	_____	_____	_____
Windshield Defroster	_____	_____	_____
Horn	_____	_____	_____
Mirrors	_____	_____	_____
Speed Indicator	_____	_____	_____
Restraining Devices & Seats	_____	_____	_____
Brakes (incl. parking brake)	_____	_____	_____
Heater	_____	_____	_____
Air Conditioning	_____	_____	_____
Interior Door Handles	_____	_____	_____

DISCLOSURE STATEMENT: I have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

Mechanic/Garage Owner Inspecting Unit _____

Business _____ Address _____

Date _____

Sec. 20.16(F)(J) Each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all vehicles, the applicant must present to the Village clerk a certificate as to the mechanical condition of the automobile from a reputable automobile mechanic or garage owner (other than vehicle owner).