

APPLICATION FOR TAXICAB OPERATOR'S LICENSE

I, _____, THE UNDERSIGNED, DO
HEREBY APPLY FOR A LICENSE TO OPERATE A TAXICAB SERVICE IN THE CITY
OF WAUPACA, ACCORDING TO ORDINANCE NUMBER 133 AND SUBMIT THE
FOLLOWING INFORMATION TO THE COMMON COUNCIL OF THE CITY OF
WAUPACA. PERIOD FROM _____ TO _____.

ADDRESS FROM WHICH BUSINESS IS TO BE CONDUCTED:

VEHICLES:

MAKE OF TAXI _____
MODEL _____
YEAR _____
MOTOR NO. _____
SERIAL NO. _____
CAPACITY _____
WIS. STATE _____
CERTIFICATION OF TITLE NO. _____
CURRENT LICENSE NO. _____

MAKE OF TAXI _____
MODEL _____
YEAR _____
MOTOR NO. _____
SERIAL NO. _____
CAPACITY _____
WIS. STATE _____
CERTIFICATION OF TITLE NO. _____
CURRENT LICENSE NO. _____

SIGNATURE

ADDRESS

CITY STATE ZIP

DATE

(FOR OFFICE USE ONLY)

Filed _____

Fee _____

Issued _____