

CITY OF WAUSAU LICENSE APPLICATION

Transport Business (Taxi, Medical Transport, Shuttle)

407 GRANT STREET, WAUSAU WI 54403, PH # (715) 261-6620

Date of Application: _____ Licensing Year: _____

Name of Business: _____ Ownership Type: _____

Business Address: _____ Business Phone: _____

Name of Business Owner or Agent: _____ Date of Birth: _____

Owner/Agent Address: _____ Telephone #: _____

Owner/Agent Driver's License #: _____ DL Issuing State: _____

Please List all Vehicles Operated in City by Year, Make and Model _____ List License Plate number of each vehicle: _____

Answer the Following Questions Completely		No / NA	Yes	Date Rec'd
1.	Have you provided the City of Wausau with a Certificate of Insurance listing the City as an additional insured with the liability limits as provided for in the WMC 5.72.020			
2.	Have you complied with the requirements detailed in WMC 5.72.080 with reference to marking the vehicle?			
3.	Have you maintained the condition of the vehicle in a clean and sanitary manner and is the vehicle in good repair and maintenance?			
4.	Have you required proof from drivers employed by your company that they have obtained picture id permits from the City of Wausau?			

I hereby certify the foregoing answers are true and correct and that the operator and drivers of the company vehicles has and will comply with all regulations for operation of taxi services on roadways in the City of Wausau. I agree, in consideration of the grant of this license, to comply with the laws of the State of Wisconsin, the Municipal Code and the rules and regulations of the various regulatory agencies and commissions the City of Wausau pertaining to the supervision of activities permitted under the license for which this application is made. I understand this license may be revoked by the issuing authority according to the law. Section 111.321, 111.322, 111.325 & 111.335, Wisconsin Statutes, limits the information a licensing agency may ask regarding the arrest and conviction record of an applicant. If you have been arrested and the charges are still pending and this license requires you to qualify for a fidelity bond, or if the pending charges substantially relate to the activity for which you seek the license, you must provide such arrest information on this application. If you have been convicted of a felony, misdemeanor or other offense which substantially relates to the circumstances of the licensed activity or if you must qualify for and post bond, you shall enter such information on this application. Take notice, the state law provides the City may suspend or revoke a license issued upon his application if the applicant fails to provide this information or is not truthful in completing the application. If you have doubts as to what you must enter see your own lawyer, or the Wisconsin Department of Industry, Labor and Human Relations. City employees shall not advise you on this matter.

Enter applicable arrest and conviction information here: _____

Please Submit this Application along with permit fee to:

BY (Print Name): _____

TITLE: _____

CITY CLERK
407 GRANT ST
WAUSAU WI 54403