



TAXICAB LICENSE APPLICATION
CITY of CAPE GIRARDEAU

Date Submitted: _____

CUSTOMER SERVICE OFFICE, 401 INDEPENDENCE ST, CAPE GIRARDEAU, MO 63703, 573-339-6322

All questions must be completely answered before this application will be considered. Answers must be typed or legibly printed. Where necessary, answers should be completed on additional sheets of paper. A background check must accompany this application.

Visit www.machs.mshp.dps.mo.gov to obtain your background check.

Applicant Name	Business Name
Applicant's Address	Business' Physical Address
City, State, Zip	City, State, Zip
Applicant's Home Phone	Business Phone
Type of Ownership	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship, Sole Owner

TO BE COMPLETED BY CORPORATIONS ONLY

State the exact name of applicant:

State the names and residential and business addresses of all officers of the corporation and the office held by each.

<i>Full Name (and maiden if applicable)</i>	<i>Residential Address</i>	<i>Business Address</i>

State the exact corporate name of applicant:

State the names and residential and business addresses of all officers of the corporation and the office held by each for the past 5 years:

<i>Full Name (and maiden if applicable)</i>	<i>Residential Address</i>	<i>Business Address</i>

TO BE COMPLETED BY PARTNERSHIPS ONLY

State the name of the partnership	State date partnership was formed
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State the names and residential and business addresses of all partners for the past 5 years:

<i>Full Name (and maiden if applicable)</i>	<i>Residential Address</i>	<i>Business Address</i>

ALL REMAINING QUESTIONS MUST BE COMPLETED BY ALL APPLICANTS

1. Has the owner, any partner, officer or director within the last 10 years ever been convicted of the violation of any federal or state felony or misdemeanor law involving the use of threat of force or violence, or the sale of drugs or sexual abuse; or has been convicted of violating any provision of the City Code of Ordinances, or has ever had a business license or other license or permit issued by the City revoked or suspended? YES NO *If so, give details:*

Applicant shall supply a criminal record check, including a report by the Federal Bureau of Investigation (FBI), and by the Missouri State Highway Patrol (MSHP) or similar agency, to verify the information provided in question 1 is correct. An ORI number will be required to process the FBI record check. The ORI number assigned for this process is 5417. You may obtain a FBI record check from ODACS, 836 South Kingshighway, Cape Girardeau, Mo. The Missouri State Highway Patrol will need a request sent to them using the attached form (last 2 pages) or via the web at www.machs.mshp.dps.mo.gov

2. Has the owner, any partner, officer, director or present or former drivers of the taxicab business had unpaid claims or unsatisfied judgments against him/her for damages resulting from the negligent operation of a vehicle? YES NO *If so, give details:*

3. Has the owner, any partner, officer or director ever had past experience in rendering a taxicab, limousine, vehicle for hire, or similar service?
 YES NO *If so, what dates and in what city were services rendered:*

4. Has the owner, any partner, officer or director ever had any previous license to operate a taxicab or vehicle for hire service suspended or revoked in this or any other city or state? YES NO *If so, give circumstances:*

5. Please state the number of vehicles proposed to be operated and provide a complete identification of each, including the make, model, motor number and vehicle identification number (VIN) of each vehicle, taxicab or limousine and the registered owner.

6. Please state the color scheme, name and characteristic insignia to be used to designate the taxicab(s) of the applicant:

7. State the business's hours of operation:

Any person holding a Taxicab License that desires to increase the number of taxicabs reported in this application shall file a supplemental application, containing all the information required in an original application; except, that only the additional taxicabs for which the supplemental application is made shall be described. All supplemental applications which are filed solely for the purpose of changing the number of taxicabs shall be so marked by the Chief of Police, and do not require additional approval by the City Council.

Before any Licensee commences business, the person applying shall file a certificate of insurance that the applicant has for each taxicab described in the application. The following minimum insurance coverage, which must not exclude passengers for hire:

- For a vehicle with a manufacturer’s rated seating capacity of six (6) or less, a public liability policy of not less than \$100,000 – combined single limit.
- For a vehicle with a manufacturer’s rated seating capacity of more than six (6), a public liability policy of not less than \$500,000 – combined single limit.
- The certificate of insurance must show proof of uninsured motorist coverage. In addition, each policy must name the City of Cape Girardeau as an additional insured. Each certificate must contain a non-cancellation clause, under which the carrier is absolutely obligated to notify the City of Cape Girardeau ten (10) days prior to cancellation of coverage.

Please initial beside each statement to indicate that you have read and agree:

_____ Applicant has a thorough knowledge of the geography of the City, the traffic regulations of the City, and the provisions of the City’s Taxicab Ordinance.

_____ Applicant will obtain the insurance coverage required by the City’s Taxicab Ordinance prior to commencing business.

_____ Applicant will maintain the vehicles’ condition and appearance as required by the City’s Taxicab Ordinance.

I, the undersigned, hereby apply to the City of Cape Girardeau, State of Missouri, for the license above described on the above described premises and for the purpose of inducing the City to issue to me said license, I make the statements and answers hereinafter set out and understand and agree that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked or suspended by said City, and I further understand and agree that if I, or any of my employees, shall violate the provisions of any ordinances of the City of Cape Girardeau, Missouri, or knowingly allow any other person to do so upon the licensed premises, the City may suspend or revoke the license granted hereunder. Applicant further agrees that if the license is granted, inspections may be made in accordance with the regulations as set forth in the Ordinances of the City. In addition, applicant understands that any false statement contained in this application may result in prosecution under the Code of Ordinances for the City of Cape Girardeau, Missouri, and/or state law.

Applicant’s Signature

Date

OFFICE USE ONLY						
Police Department	Approve	Disapprove	Signature			Date
Finance Division	Approve	Disapprove	Signature			Date
MSHP Check	FBI Check	Insurance Cert.	Taxes	Utilities	Special Assessment	No Tax Due
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License #				Setup Issue		



MISSOURI STATE HIGHWAY PATROL
REQUEST FOR CRIMINAL RECORD CHECK

SHP-158R 08/16

PLEASE PRINT OR TYPE.

GENERAL INFORMATION

APPLICANT'S LAST NAME FIRST MIDDLE JR / SR

MAIDEN / ALIAS LAST NAME FIRST MIDDLE JR / SR

SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	RACE	<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE	<input type="checkbox"/> INDIAN <input type="checkbox"/> ASIAN	<input type="checkbox"/> OTHER
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ADDRESS STREET - P.O. BOX CITY STATE ZIP CODE

TYPE OF RECORD CHECK — PROCESSING FEE — METHOD OF PAYMENT

(per Sections 43.527 and 43.530, RSMo.)

- | | | |
|--|---|--|
| <input type="checkbox"/> \$13.00 NAME SEARCH
Based on NAME, DATE OF BIRTH,
AND SOCIAL SECURITY NUMBER.
Response will be returned with all open
records and records of conviction. | <input type="checkbox"/> \$20.00 FINGERPRINT SEARCH
<input type="checkbox"/> Open Records
<input type="checkbox"/> Open and Closed Records | <input type="checkbox"/> \$2.00 NOTARY LETTER |
|--|---|--|

Fee is payable either by check or money order (NO CASH) to "State of Missouri, Criminal Record System Fund."
Either the Date of Birth OR Social Security Number MUST be provided for processing.
For faster processing criminal record checks are available online at: www.machs.mo.gov

Please forward the request and fee to:
**Missouri State Highway Patrol
Criminal Justice Information Services Division
Post Office Box 9500
Jefferson City, MO 65102**

MSHP / CENTRAL REPOSITORY RESPONSE

SEND REPLY TO (Print or type your mailing label below.)

Telephone (include area code) _____



Criminal Justice Information Services Division General Information

The Missouri Criminal Records Repository (MCRR) collects, maintains, and disseminates Criminal History Record Information (CHRI) as defined by Sections 43.500 and 589.400, RSMo. CHRI is information collected by criminal justice agencies on individuals and consists of arrests, prosecutions, final dispositions, correctional supervision, and releases. All felony and serious misdemeanor arrests (referred to as reportable arrests), including offender registration information as defined under Section 589.400, RSMo, and all alcohol and drug related traffic offenses are reportable to the MCRR.

Criminal background checks may be requested by means of:

- 1) A **Personal Identifier Search** (name-based) which searches information based on the name, date of birth, and social security number of an individual.
- 2) A **Fingerprint Based Search** which searches the state's criminal history files by conducting a fingerprint comparison of the applicants fingerprints with the criminal (arrest) fingerprints on file with the Central Repository. Fingerprint images are collected and submitted using the standard federal applicant fingerprint card (FD-258).

The Personal Identifier Search requires a payment of **\$13.00** per request. The background check results are considered a "**possible match**" and will include only open records. Any individual, business, or agency may request and receive open record information by means of a personal identifier search. **Open records include:**

- Records containing convictions, such as plead guilty to, or convicted of.
- Arrest information that is less than 30 days old from the date of arrest.
- Charges filed from the prosecutor, awaiting final disposition from the court.
- Records that contain a suspended imposition of sentence (SIS) during the probation period.

A Fingerprint Based Search requires a payment of **\$20.00** per request. The results of a fingerprint-based background check are considered a "**positive match**" and will provide either open records or closed (complete) records as requested by the applicant.

An applicant may choose to conduct a fingerprint based criminal record check containing open records thus limiting the dissemination of criminal history information to **only** open record information. The Criminal Justice Information Services (CJIS) Division will release fingerprint-based criminal history information containing only open record information to any individual, business, or agency when requested by the applicant.

An applicant may choose to conduct a fingerprint-based criminal record check for release of closed records thus allowing dissemination of all criminal history information on file with the Central Repository. Closed records will only be released with a record check submitted by means of a fingerprint comparison and will only be released directly to the applicant or to a qualified entity if authorized in accordance with Section 610.120 and Chapter 43, RSMo. **Closed records include:**

- All criminal history data, including all arrests (filed or not filed charges).
- Charges that have been nolle prossed, dismissed, or found not guilty in a court of law.
- Suspended Imposition of Sentence (SIS) after the probation period is complete.

Notary Letters are provided upon request and require an additional \$2.00 processing fee, per request. A notary letter may be requested with either a personal identifier search or a fingerprint search.

PENALTY — A person who knowingly violates any provision of Sections 43.532, 43.540, 610.100, 610.105, 610.106 or 610.120 RSMo is guilty of a class A misdemeanor.

FBI Record Requests

The FBI only has open files meaning that if someone has the authority to receive the records; they receive all that is on file.

Individuals that need a Federal or Federal Bureau of Investigation (FBI) background check, for personal reasons or for employment purposes for entities not authorized through Missouri State Statute or the Missouri VECHS program, can submit fingerprints with an \$18.00 fee directly to the FBI. For information on how to obtain a federal background check directly from the FBI, please refer to information regarding the FBI's Identity History Summary Check on the FBI's website at www.fbi.gov.