



TAXICAB LICENSE RENEWAL APPLICATION
CITY of CAPE GIRARDEAU

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

Date Submitted: _____

**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.**

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 PROPRIETORSHIP OR SOLE OWNER ONLY

State the exact name of applicant:

State the full name, and residential and business addresses 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 CORPORATIONS ONLY

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 the partnership

State date partnership was formed

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:*

In lieu of the criminal record checks required in the original application, please have the following affidavit notarized. The affidavit must have been executed no more than 5 days prior to the application. (See affidavit on last page of application).

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 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 taxicab or limousine and the registered owner.

6. Please state the color scheme, name and characteristic insignia to be used to designate the taxicabs of the applicant:

7. State the business's hours of operation:

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