

CITY OF DE PERE – Application for Taxi License

FEES: \$50.00 for first vehicle (7 person or fewer capacity), + \$10.00 for each additional vehicle
 \$100.00 for vehicle with more than 7 person capacity

Total Fees Due: \$ _____

Part A - APPLICATION INSTRUCTIONS: File this completed application, required fee, copy of vehicle inspection report, and insurance documentation with the City Clerk, 335 S. Broadway, De Pere, WI 54115.

Insurance policy requirements:

- Must indemnify the applicant in the amount of \$1,000,000.00 damage caused by the operation of the vehicle
- Shall contain a provision that the policy may not be cancelled before the expiration of its term except upon ten days' written notice to the City
- Must list all vehicles to be used for hire

Part B - TO BE COMPLETED BY APPLICANT

1.	Company Name:		
	Address:		
	Contact Name:		
	Phone Number:		
2.	Vehicle Year/Make/Model:		
	Vehicle Identification Number:		
	License Plate Number:	Cab/Vehicle Number:	
	Vehicle Capacity:		
3.	Insurance Carrier:	Policy Number:	

Part C - TO BE COMPLETED AT THE CITY CLERK'S OFFICE

READ CAREFULLY BEFORE SIGNING. The undersigned, being duly sworn, states that each of the above questions has been truthfully answered to the best of my knowledge. I understand and acknowledge that the requirements of Chapter 118 De Pere Municipal Code are incorporated into and made a part of this application as if fully set forth herein. I hereby designate the City Clerk for the City of De Pere as my agent for the purposes of accepting service in any civil action arising out of or in conjunction with the use of this license.

Applicant Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, _____.

Clerk/Notary Public: _____

My Commission expires: _____

D - FOR CITY USE ONLY

Receipt #: _____

Date: _____

City of De Pere License # Issued: _____

☐ COI

☐ Vehicle Inspection Report