



City of Dodgeville  
Application for Operation  
of a Taxicab License

FEE: \$25.00 - 1<sup>st</sup> Vehicle + \$10/Additional

**Section A Applicant Information**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Telephone No. \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License/ID #/State: \_\_\_\_\_/\_\_\_\_\_

**Section B Background**

Have you ever been convicted of any crime (felony or misdemeanor) or violation of any federal law, any Wisconsin law, any laws of any other state or ordinances of any municipality? Yes  No

If yes, answer the following (provide additional pages as needed):

Date of such conviction \_\_\_\_\_

Name of Court \_\_\_\_\_

Nature of Offense \_\_\_\_\_

Are there any criminal charges pending against you? Yes  No

If yes, give law or ordinance violated, trial court, trial date, and penalty imposed, and/or date, description and status of charges pending:

**Section C Business Information**

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

The named is:  Individual  Partnership  Limited Liability Company  Corporation

If corporation: Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

**Section D Taxicab Information & Fee Calculation**

First Vehicle Charge: 1 x \$25 = \$25.00

Additional Vehicles: \_\_\_\_ x \$10 = \$\_\_\_\_\_

**Total Fee Due:** \$\_\_\_\_\_

Make	Model	Year	Color	Plate #

**Section 7 Required Documentation**

The following information must be included at the time of application:

- ✓ Copy of Driver’s License or State Identification Card
- ✓ A Certificate of Insurance showing a combined single limit of a minimum of \$300,000 or such other limit as required under Wis. State §344.15(1), whichever is greater.

**Section 8 Signature**

*Read Carefully Before Signing* – I hereby certify that answers given herein are true and complete to the best of my knowledge. I agree that any information discovered as a result of the submission of this form, including any background check conducted by the Dodgeville Police Department may be released to any City Official who will have the authority to act on this application. I understand that I am required to abide by all rules & regulations of the City of Dodgeville.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

<b>TO BE COMPLETED BY CITY:</b>		
Date Filed: _____	Registration Fee Paid: <input type="checkbox"/>	License Number: _____
PD Background Check Completed: <input type="checkbox"/>		
Council Approval: Issued <input type="checkbox"/>	Denied <input type="checkbox"/>	Date: _____
Reason for Denial: _____		