



City of Dodgeville
Application for Operation
of a Taxicab License

FEE: \$25.00 - 1st 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: \$

Table with 5 columns: 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

**TO BE COMPLETED BY CITY:**

Date Filed: \_\_\_\_\_ Registration Fee Paid:  License Number: \_\_\_\_\_

PD Background Check Completed:

Council Approval: Issued  Denied  Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_