

Date: _____

TAXICAB OPERATOR'S LICENSE

Fee:	License fee	\$240.00
	Per Taxicab	\$120.00
	Per Driver	\$20.00

Applicant's Name

Home Address

City

State

Zip

State names and addresses of all offices of the Firm or Corporation

If this is a Corporation, name the Operating Manager

Have you ever had a taxicab business? _____

If "Yes", when _____ Where

How many taxicabs do you expect to operate?

How many taxis are you applying for? _____

What color schemes have you adopted? _____

What is the name of your Financial Institution? _____

Name three places that you do business with for references

List names and addresses of taxicab personnel

Has your operator business license ever been suspended or revoked?

No _____ Yes _____

If "Yes", why

Business Address

City, State, Zip

Phone#

Taxicab Home Office Address (if not the same above)

DESCRIPTION OF TAXIS

1. Make _____	Model _____	Year _____	VIN# _____
2. Make _____	Model _____	Year _____	VIN# _____
3. Make _____	Model _____	Year _____	VIN# _____
4. Make _____	Model _____	Year _____	VIN# _____
5. Make _____	Model _____	Year _____	VIN# _____
6. Make _____	Model _____	Year _____	VIN# _____
7. Make _____	Model _____	Year _____	VIN# _____
8. Make _____	Model _____	Year _____	VIN# _____

Seating capacity of each taxi?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Taxicab License Number

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Name of insurance company _____

Policy No. _____

Date Issued: _____

Policy's liability amount: _____

Expiration Date: _____

Do you have a visible place of business, located in the City of Gary, staffed by a dispatcher on premises and open during the hours cabs are available to Gary customers? (This only applies if five or more cabs are in operation in the City of Gary for two or more years including any existing operator currently now operating in the City of Gary.)

I, _____, being first duly sworn and upon my oath state that the above representations are true and were made for the sole purpose of obtaining a Taxicab Operator's License issued to said corporation.

(Applicant's Signature)

STATE OF INDIANA)
)
SS COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and
State this _____ day of _____

Notary Public
Lake County Resident

My commission expires

Give two reliable references from Gary area property owners:

Name _____ Address _____

Name _____ Address _____

POLICE REPORT

Applicant's Name:

Address

Home Phone Number _____

Business Phone Number _____

Name of Business

Business Address

Social Security Number _____

Date of Birth

Have you ever been convicted of a misdemeanor or felony? **No** **Yes**

If "Yes", when and explain

Do you have a valid operator driver's license? **Yes** **No**

License issue date **Expiration Date** _____

Do you have your operator of chauffeur license? **Yes** **No**

License issue date **Expiration Date** _____

Has your operator or chauffeur's license ever been suspended? **No** **Yes**

If "Yes", explain

FIRE DEPARTMENT REPORT

Applicant Name _____

Address

Name of Business _____

Address

Date of Building Inspection _____

Approved _____

Denied _____

If 'Denied', give reason why

Signature of Inspector