

VILLAGE OF LAKE DELTON
APPLICATION FOR TAXI CAB SERVICE LICENSE AND
TAXI VEHICLE PERMITS
PURSUANT TO MUNICIPAL CODE CHAPTER 28

Please select one for **Taxi Service License:**

☐ **New Fee: \$350**

☐ **Renewal Fee: \$150**

Previous Year Permit # _____

NAME OF BUSINESS	BUSINESS PHYSICAL ADDRESS		LICENSE PERIOD July 1, 20 to June 30, 20
NAME OF APPLICANT (Last, First, Middle)	BUSINESS MAILING ADDRESS		EMAIL ADDRESS
APPLICANT'S MAILING ADDRESS	PHONE NUMBER		APPLICANT'S DATE OF BIRTH
CITY	STATE	ZIP CODE	APPLICANT'S DRIVERS LICENSE NUMBER

Taxicab Vehicle Permit—\$75 per vehicle

Vehicle Fleet #	Make	Model	Year	VIN Number	License Plate	Type of vehicle: (CAB, TAXICAB, AUTO-BUS, LIMO, TROLLEY, OTHER)	Passenger Capacity	Check if copy of Title Attached/ Certificate of Registration	Check if copy of Insurance for each vehicle Attached	Check if copy of WDPD vehicle inspection attached for each vehicle	Meter Type	Taxi Vehicle Permit Fee is \$75.00 Per Vehicle
_01												
_02												
_03												
_04												
_05												
_06												
_07												
_08												
_09												
_10												
			Add	Taxi Service License Fee	from above	Plus \$75	per	Vehicle	for the	Total Due:		\$

Taxicab Vehicle Permit—\$75 per vehicle

A history of previous ownership or operation of Taxicab service: _____

Proposed hours of Operation: _____

Name of Auto Insurance Carrier: _____

(Attach Proof of Insurance from an insurance company licensed to operate in the State of Wisconsin showing coverage for all operators and vehicles in the Taxicab service)

Name of Insurance Agent and Phone Number: _____

Identify the method for determining fares (Flat Fee/Time and mileage and Rates): _____

The schedule of rates shall be identical to the rates quoted in this application for the Taxicab Service License. It shall be unlawful for any owner or operator to charge or permit to be charged any other or different rates of fares than those listed on such schedule.

I, the undersigned and the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I agree to comply with and be bound by all laws, ordinances, rules, regulations and penalties governing the business. I consent to the immediate revocation of my license, by the Village of Lake Delton, for any violation of such laws, ordinances, rules, or regulations and that money paid as license fees will be forfeited.

I further certify that any license held has not been revoked or suspended in the previous five (5) years and further certify that if a corporation, none of the shareholders, officers or directors of the applicant shall have been a licensee, or a shareholder, officer or director of a licensee that had been revoked or suspended in the previous (5) years.

I understand that the Police Department may conduct a criminal history and driving record check and those results may be considered in the licensing process.

No license to operate covered business by the application will be granted until approved by the Village Board.

Signed: _____ Dated: ____/____/____

No application will be accepted unless you attach the following: A copy of your **City of Wisconsin Dells Taxi Cab Service License, Wisconsin Dells Police Department Vehicle Safety or other qualified inspection for each Vehicle in your fleet, City of Wisconsin Dells Taxi Operators License for each Taxi Driver for the current year** along with a certificate or copy of automobile liability insurance policy providing that the owner or operator to whom same shall be issued be directly liable for and shall pay all damages, whether to persons or property, that may be recovered against said owner or operator for personal injuries by reason of the negligent use and operation of each such licensed vehicle not exceeding \$10,000.00 to any one person or \$20,000.00 for any one accident, and \$5,000.00 for property damage. In lieu of such policy with the application, the applicant may submit a firm commitment in writing from an insurance agent authorized to do business in the state of Wisconsin that such policy will be issued if the license is granted, but under no circumstances is such license to be used or such operator to operate such business until such policy is filed with the village clerk. If any such policy so filed shall be inoperative, the vehicle or vehicles covered thereby shall not be operated until a policy meeting the requirements of this section shall have been filed

Please print , sign application and remit with payment to: **Village of Lake Delton**
Att: License Applications
P.O. Box 87
Lake Delton WI 53940-0087

Office use only:

Review & Recommendation of the Chief of Police: ☐ Approve ☐ Deny by _____

Date to Village Board: ____/____/____ ☐ Approved ☐ Denied