

APPLICATION FOR TAXICAB BUSINESS LICENSE

NAME OF TAXICAB COMPANY: _____

OFFICE LOCATION: _____

DATE OF APPLICATION: _____

OWNER OF TAXICAB COMPANY: _____

OWNER'S TELEPHONE NUMBER: _____

OWNER'S ADDRESS: _____
STREET

_____ CITY

STATE

ZIP CODE

INCLOSURES:

- TAXICAB COMPANY INFORMATION SHEET (VEHICLES)
- TAXICAB COMPANY INFORMATION SHEET (DRIVERS)
- DRIVERS APPLICATION FORM

Application for City of St. Robert Taxi Cab Business License

Please provide the following information pursuant to Section 605.040 of the City Code of the City of St. Robert:

1. Applicant's name: _____
2. Proposed business name: _____
3. Address of the business and telephone number: (It must be in the city limits of the City of St. Robert, See 605.150 of the City Code)

4. Please attach the following to this application
 - a. The make and VIN number of each vehicle the applicant proposes to use as a taxi cab in the City of St. Robert.
 - b. An application for City of St. Robert Taxi Cab Operator's license form for each driver and the owner.
 - c. A brief statement as to the experience, if any, in the taxi cab business of the business owner.
 - d. Valid proof of insurance of each proposed taxi cab showing minimum coverage of \$50,000.00 for bodily injury to one person, \$100,000.00 total injury for one accident, and \$50,000.00 for property damage.
 - e. A criminal history check from the Missouri State Highway Patrol conducted within the last 60 days for the applicant and each proposed driver under this license.
5. I certify the following:
 - a. I have not been convicted of any felony offense.
 - b. I have not been convicted of driving while intoxicated or any similar offense.
 - c. I have not been convicted in the last 12 months of 3 or more moving violations.
 - d. I have never pled guilty or been convicted of any drug related offenses.
 - e. I have read Sections 605.010 and 605.340 of the St. Robert City Code as it pertains to Taxi Cabs and understand that I must abide by the rules and regulations contained in that section.

Applicant's Signature

Date

ST ROBERT POLICE DEPARTMENT
Application For Taxicab Business License

SECTION 1

As required by section 605.050 of the municipal code of the City of St. Robert, Missouri, I, the undersigned, am filing with the Chief of Police, a written application to secure a license to operate a taxicab business in the City of St. Robert, Missouri.

SIGNATURE OF APPLICANT

DATE

SECTION 2

(1) The trade name under which applicant does or proposes to do business: _____

(2) Address of the principal place of business of the applicant: _____

(3) Mailing Address of applicant, if different than line 2. _____

(3) Business Telephone Number(s): _____

(4) Number of taxicabs actually owned by the applicant: _____

SECTION 3

(1) Make, model, and identification number of each taxicab and the name and address of its registered owner:

Number 1:
VMA\ _____ VMO\ _____
ONA\ _____
OAD\ _____

Number 2:
VMA\ _____ VMO\ _____
ONA\ _____
OAD\ _____

Number 3:
VMA\ _____ VMO\ _____
ONA\ _____
OAD\ _____

Number 4:
VMA\ _____ VMO\ _____
ONA\ _____
OAD\ _____

Number 5:
VMA\ _____ VMO\ _____
ONA\ _____
OAD\ _____

Number 6:
VMA\ _____ VMO\ _____
ONA\ _____
OAD\ _____

SECTION 4

(1) Experience which the applicant has had in the taxicab business:

Number 7:
VMA\ _____ VMO\ _____
ONA\ _____
OAD\ _____

Number 8:
VMA\ _____ VMO\ _____
ONA\ _____
OAD\ _____

Number 9:
VMA\ _____ VMO\ _____
ONA\ _____
OAD\ _____

Number 10:
VMA\ _____ VMO\ _____
ONA\ _____
OAD\ _____

Number 11:
VMA\ _____ VMO\ _____
ONA\ _____
OAD\ _____

Number 12:
VMA\ _____ VMO\ _____
ONA\ _____
OAD\ _____

SECTION 605.050: WRITTEN APPLICATION

Any person desiring to secure a license to operate a taxicab business in the City shall file with the Chief of Police a written application therefore in duplicate, giving the following information:

- The trade name under which the applicant does or proposes to do business; and the address of the principal place of business of the applicant;
- The number of taxicabs actually owned by the applicant, and the name and address of each other person, and the number of taxicabs owned by that person, whom the applicant intends to authorize to operate a taxicab under the license to be granted to applicant.
- The make, model, and identification number of each taxicab and the name and address of its registered owner.
- The experience, if any, which the applicant has had in the taxicab business.

REMARKS:

Saint Robert Missouri Taxi Operator's Permit Application

Application Date

Last Name First Name Middle Name

DOB Place of Birth

SSN

Street

City State Zip

Sex Race Height

Eye Color Hair Color Weight

Scars Marks Or Tatoos

Home Phone #

Chauffer License Number License State License Expiration Date

Cab Company Name Company Phone Number

Have you ever been convicted of a Felony?

Felony

Have you ever been convicted of an Acohol related driving offense?

Alcohol Related Offense

If the answer to either of the above is "YES", Explain Below.

Explanation

I, _____, have read Saint Robert Ordinance 605, pretaining to Taxicabs, and fully understand its contents and that information provided above is true and correct.

Date