

BUSINESS LICENSE DIVISION

Neighborhood Resource Center
Unified Government of Wyandotte County/ Kansas City, Kansas
4953 State Avenue, Kansas City, Kansas 66102
p. (913) 573-8780 | f. (913) 573-8622 | www.wycokck.org/businesslicense

APPLICATION FOR TAXICAB OR LIVERY COMPANY
APPLICANT'S NAME:Phone :
APPLICANT'S HOME ADDDRESS
APPLICANTS BUSINESS ADDRESS
TYPE OF OWNERSHIP INDIVIDUAL PARTNERSHIP CORPORATION
OPERATING UNDER THE NAME OF:
List the name of the titleholder and, if applicable, lease holder of each Taxicab or Livery vehicle, residence, and business address of each titleholder, and if applicable the leaseholder. If the lease holder is a firm, corporation, partnership, association or business organization, list the members and managers of such firm, association or business or organization and the partners, and/or manager such partnership or the principal share-holders, directors, officers and managers of any such corporation
List name of the firm, corporation, partnership, association or business organization, the members and managers of such firm, association or business organization; the partners and managers of such corporation; or the principal shareholders, directors, officers and managers of any such corporation under whose agency any Taxicab or Livery vehicle shall be operated if different from the title holder or lease holder.
List the address where the Taxicab or Livery vehicles will be housed and maintained and the address where all trip records will be stored.

Give a complete description of each vehicle including the number of persons it is constructed to carry, the make, model, year, and vehicle identification number, and the state vehicle registration number.

MAKE	YEAR/MODEL	VEHICLE ID#	UNIT#	SEAT CAP#	STATE TAG#
-					
-					
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Describe the design, color s or Livery vehicle.	cheme, characteristic insignia, lettering and marks to be used on each Taxicab
Describe the length of time	each Taxicab or Livery vehicle has been in use as a Taxicab or Livery Vehicle.
	ee, if any, that the applicant has had in rendering such licensed service in the e that the applicant has rendered such service.
Provide the name of the vel vehicle liability insurance c	nicle liability insurance company to which application has been made for overage.
☐ YES ☐ NO	Has any person or entity, listed on page one (1) been convicted of a violation of any federal or state felony law, or within the previous twelve (12) months, violated any provisions of the current or any preceding Taxicab or Livery Ordinance?
If YES, explain,	
☐ YES ☐ NO	Does any person or entity, listed on page one (1) have unpaid claims or unsatisfied judgments against him, her, or it, for damages resulting from negligent operation of a vehicle?
If, YES, explain	

☐ YES ☐ NO	· ·	n page one (1), by this	se or permit issued to any city or by any other city, state woked or suspended.
If, YES, explain			
by each taxicab and a des	scription of the arrangement y the public will be able to s	at to comply with the re	that will be initially charged equirements of Section 37-171 n the applicants taxicabs and
Describe the color schem	e and design of the vehicles		
			t to Ordinance #O-30-03, rules dotte County, Kansas City,
	nce sheet detailing his/her as	_	ancial condition of applicant, including all unpaid
WHEREFORE, applicant taxicab or livery compan	nt prays that the License Div y as aforesaid.	vision grant to the app	licant a license to operate a
Dated at	this	day of	
	Applicant		
	Name of C	Company	

FINANCIAL STATEMENT

OF

NAME		ADDRESS	
DATE:	, 20	ADDRESS	
	ASSET	<u>'S</u>	
Motor Vehicular Eq	uipment	\$	
Real Estate		<u>\$</u>	
Cash and Bank Balan	ce	\$	
Notes Receivable		\$	
Accounts Receivable .		\$	
Miscellaneous		\$	
7	TOTAL ASSETS	\$	
LIABILITIES			
Indebtedness on Equ	uipment	\$	
Notes		\$	
Mortgages		\$	
Conditional Sales C	ontracts	\$	
Accounts Payable (d	other than current expenses)	\$	
Unpaid Judgements		\$	
Miscellaneous		\$	
	TOTAL LIABILITIES	\$	
	NET ASSETS	\$	
Signed			
Title	(Owner, Manager, etc)		
	(Owner, Manager, etc)		