

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

	TAXI/LIVER	Y APPLICAT	ION	
			Record No.	
PLEASE PRINT	THE FOLLOWING INFO	ORMATION.	Date:	
Applicant's Nam	ne:			
Applicant's Add	ress:	City:	St	Zip
Phone:	Date of Birth:	Age:	U.S. Citizen	? YES [] NO []
Length of Reside	ence in KCK?	Wyandotte Co).? <u> </u>	
Physical Descrip	tion of Applicant: Sex Hair		Weight Height	
	alid Drivers License? Yes (Must be a Kansas or s License ever been suspend	· Missouri Drivers l	License)	
Where? City	State			For what reason
was your license	revoked?			
Name of compan	y you will drive for:			

City Kansas? Yes No In wh	been authorized to drive a Taxi and/or Livery vehicle other than in Kans Yes No In what City/State				
Have you ever been convicted of any offense(s)?	NO	YES			
	For What Offense(s)				
Are you on Probation at the present time? NO	YES	If Yes,			
Give: Name, Address and Phone number of Proba	ation Officer.				

CONSENT IS MANDATORY FOR PROCESSING THIS APPLICATION

I, hereby authorize Law Enforcement, Probation and Parole Agencies, and any other Government Agencies to release all information pertaining to any traffic or criminal records and also information concerning your operation of a Taxi/Livery to the Unified Government of Wyandotte County, Kansas City Kansas.

ATTENTION

I, understand furnishing false information, on this application is grounds for denial of this application and /or Drivers Certificate. Pursuant to the Vehicles for Hire Ordinance #O-30-03, Section 37-127.

I also understand that there is no refund of fee if application is denied.

Applicant's Signature