

REQUIREMENTS

1. Fee: per vehicle
2. Copy of criminal background check (we keep original) by OSBI or the county that you applicant lives in no more than 30 days old
3. Copy of Department of Motor Vehicles report
4. 2 passport photos
5. Proof of insurance (all driver names must be documented on insurance)
6. See City Ordinance for further requirements

BUSINESS INFORMATION

Business name:		Phone:
Address:		
City:	State:	Zip Code:
Owner name:		Phone:
Address:		
City:	State:	Zip Code:

APPLICANT INFORMATION

Applicant name:		Phone:
Address:		
City:	State:	Zip Code:
Date of birth:	Sex: M F	SSN:

VEHICLES

All vehicles used must be listed. If more than 3 vehicles will be used, please use additional paper.

Make:	Model:	Color:	Year:
Tag:	VIN:		
Make:	Model:	Color:	Year:
Tag:	VIN:		
Make:	Model:	Color:	Year:
Tag:	VIN:		

EMPLOYEES

List all medical personnel. Please use additional paper if need.

Name & Phone:	Address, City, State, Zip Code:	DL#:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature _____ **Date:** _____