

LIMOUSINE & TAXI CAB APPLICATION

Date:

REQUIREMENTS

- 1. Original criminal background-check from: OSBI or the county that the driver lives in (no more than 30 days old we keep original)
- 2. Copy of driver's license
- 3. Copy of Department of Motor Vehicles report on each vehicle
- 4. 2 passport photos

Applicant Signature

- 5. Proof of insurance must be submitted along with business Limousine/Taxi Business application
- 6. ALL VEHICLES used & ALL DRIVERS must be listed. Use additional paper If more than 4 vehicles &/or drivers

License holder shall display business name, phone number & license number on each vehicle. Driver shall keep a trip card and record of each trip made, showing; origin, destination & amount of fare charged on the card. A new card shall be used and turned in daily to the company. See Manual of Fees for cost

APPLICANT INFORMATION	showing: origin, destination & amount of fare charged on the card. A new card shall be used and turned in daily to the company. See Manual of Fees for cost						
Address: City: State: Zip Code: APPLICANT INFORMATION							
City: State: Zip Code: APPLICANT INFORMATION	BUSINESS INFORMATION	Business name:			Phone:		
APPLICANT INFORMATION		Address:					
APPLICANT INFORMATION	Business name: Phone:	City:		State:	Zip Code:		
	Business name: Phone: Address:	APPLICANT INFORMATION					
Applicant name: Phone:	Business name: Phone: Address: City: State: Zip Code:	Applicant name:			Phone:		
Address:	Business name: Address: City: State: APPLICANT INFORMATION	Address:					
Address.	Business name: Address: City: State: APPLICANT INFORMATION Applicant name: Phone:	City:		State:	Zip Code:		
	Business name: Address: City: State: APPLICANT INFORMATION Applicant name: Address:		DRIVER	INFORMATION			
	Business name: Phone: Address: Zip Code: APPLICANT INFORMATION Applicant name: Phone: Address: City: State: Zip Code:	Drivers full name:			Phone:		
City: State: Zip Code: DRIVER INFORMATION	Business name: Address: City: State: Zip Code: APPLICANT INFORMATION Applicant name: Address: City: State: Zip Code: APPLICANT INFORMATION Phone: Address: City: State: DRIVER INFORMATION	Home Address:					
City: State: Zip Code: DRIVER INFORMATION Drivers full name: Phone:	Business name: Address: City: State: Zip Code: APPLICANT INFORMATION Applicant name: Phone: Address: City: State: Zip Code: DRIVER INFORMATION Drivers full name: Phone:	City:		State:	Zip Code:		
City: State: Zip Code: DRIVER INFORMATION Drivers full name: Phone: Home Address:	Business name: Address: City: State: Zip Code: APPLICANT INFORMATION Applicant name: Phone: Address: City: State: Zip Code: DRIVER INFORMATION Drivers full name: Phone:	Place of birth:	Date of birth:	Citizen of US? Yes No	If No, where:		
City: State: Zip Code: DRIVER INFORMATION Drivers full name: Phone: Home Address: State: Zip Code:	Business name:	Race:	Height:	Weight:	Hair & Eye Color? /		
City: State: Zip Code: DRIVER INFORMATION Drivers full name: Phone: Home Address: State: Zip Code: City: State: Zip Code: Place of birth: Date of birth: Citizen of US? Yes No If No, where:	Business name:	Drivers full name:			Phone:		
City: State: Zip Code: DRIVER INFORMATION Phone: Home Address: City: State: Zip Code: Place of birth: Date of birth: Citizen of US? Yes No If No, where: Race: Height: Weight: Hair & Eye Color? /	Business name:	Home Address:					
State: Zip Code: DRIVER INFORMATION Drivers full name: Phone: Home Address: City: State: Zip Code: Place of birth: Date of birth: Citizen of US? Yes No If No, where: Race: Height: Weight: Hair & Eye Color? / Drivers full name: Phone:	Business name:	City:		State:	Zip Code:		
State: Zip Code: DRIVER INFORMATION Drivers full name: Phone: Home Address: City: State: Zip Code: Place of birth: Citizen of US? Yes No If No, where: Race: Height: Weight: Hair & Eye Color? / Drivers full name: Phone: Home Address:	Business name:	Place of birth:	Date of birth:	Citizen of US? Yes No	If No, where:		
State: Zip Code: DRIVER INFORMATION Drivers full name: Phone: Home Address: State: Zip Code: City: Date of birth: Citizen of US? Yes No If No, where: Race: Height: Hair & Eye Color? / Drivers full name: Phone: Home Address: City: State: Zip Code: Place of birth: Date of birth: Citizen of US? Yes No If No, where:	Business name:	Race:	Height:	Weight:	Hair & Eye Color? /		
State: Zip Code: DRIVER INFORMATION Drivers full name: Phone: Home Address: State: Zip Code: City: State: Zip Code: Place of birth: Date of birth: Citizen of US? Yes No If No, where: Phone: Home Address: City: State: Zip Code: Phone: Home Address: City: State: Zip Code: Phone: Home Address: City: State: Zip Code: Phone:	Business name:	Drivers full name:					
State: Zip Code: DRIVER INFORMATION Drivers full name: Phone: Home Address: City: State: Zip Code: Place of birth: Citizen of US? Yes No If No, where: Home Address: City: State: Zip Code: Place of birth: Date of birth: Citizen of US? Yes No If No, where: Race: Height: Weight: Hair & Eye Color? /	Business name:	Drivers full name:			Phone:		
State: Zip Code: DRIVER INFORMATION Drivers full name: Phone: Home Address: City: State: Zip Code: Place of birth: Citizen of US? Yes No If No, where: Home Address: City: State: Zip Code: Place of birth: Date of birth: Citizen of US? Yes No If No, where: Race: Height: Weight: Hair & Eye Color? /	Business name:				Phone:		
State: Zip Code: DRIVER INFORMATION Drivers full name: Phone: Home Address: City: State: Zip Code: Place of birth: Date of birth: Citizen of US? Yes No If No, where: Race: Height: Phone: Home Address: Zip Code: City: State: Zip Code: Place of birth: Citizen of US? Yes No If No, where: Race: Height: Weight: Hair & Eye Color? / Drivers full name: Height: Weight: Hair & Eye Color? / Drivers full name: Hone Address: State: Zip Code:	Business name:	Home Address: City:			Zip Code:		
State: Zip Code: DRIVER INFORMATION Drivers full name: Phone: Home Address: City: State: Zip Code: Place of birth: Drivers full name: Phone: Home Address: City: State: Zip Code: Place of birth: Drivers full name: Height: Weight: Jip Code: Phone: Drivers full name: Phone: Home Address: City: State: Zip Code: Phone: Drivers full name: Phone: Home Address: City: State: Zip Code: Phone: Drivers full name: Phone: Home Address: City: State:	Business name:	Home Address: City: Place of birth:		Citizen of US? Yes No	Zip Code: If No, where:		
State: Zip Code:	Business name:	Home Address: City: Place of birth:		Citizen of US? Yes No	Zip Code: If No, where:		
State: Zip Code:	Business name:	Home Address: City: Place of birth: Race:		Citizen of US? Yes No	Zip Code: If No, where: Hair & Eye Color? /		
State: Zip Code:	Business name:	Home Address: City: Place of birth: Race: Drivers full name:		Citizen of US? Yes No	Zip Code: If No, where: Hair & Eye Color? / Phone:		
State: Zip Code:	Business name:	Home Address: City: Place of birth: Race: Drivers full name: Home Address: City:	Height:	Citizen of US? Yes No Weight: State:	Zip Code: If No, where: Hair & Eye Color? / Phone: Zip Code:		
State: Zip Code:	Business name: Phone: Address: Zip Code:	Home Address: City: Place of birth: Race: Drivers full name: Home Address: City: Place of birth:	Height: Date of birth:	Citizen of US? Yes No Weight: State: Citizen of US? Yes No	Zip Code: If No, where: Hair & Eye Color? / Phone: Zip Code: If No, where:		
DRIVER INFORMATION	Business name: Phone: Address: Zip Code: State: Zip Code:	Home Address: City: Place of birth: Race: Drivers full name: Home Address: City: Place of birth:	Height: Date of birth: Height:	Citizen of US? Yes No Weight: State: Citizen of US? Yes No Weight:	Zip Code: If No, where: Hair & Eye Color? / Phone: Zip Code: If No, where:		
State: Zip Code:	Business name:	Home Address: City: Place of birth: Race: Drivers full name: Home Address: City: Place of birth: Race:	Height: Date of birth: Height:	Citizen of US? Yes No Weight: State: Citizen of US? Yes No Weight: EHICLES	Zip Code: If No, where: Hair & Eye Color? / Phone: Zip Code: If No, where: Hair & Eye Color? /		
State:	Business name:	Home Address: City: Place of birth: Race: Drivers full name: Home Address: City: Place of birth: Race:	Height: Date of birth: Height: VE	Citizen of US? Yes No Weight: State: Citizen of US? Yes No Weight: EHICLES	Zip Code: If No, where: Hair & Eye Color? / Phone: Zip Code: If No, where: Hair & Eye Color? /		
State: State:	Business name: Phone: Address: Zip Code:	Home Address: City: Place of birth: Race: Drivers full name: Home Address: City: Place of birth: Race: Make: Tag:	Height: Date of birth: Height: VE Model: VIN #:	Citizen of US? Yes No Weight: State: Citizen of US? Yes No Weight: EHICLES Color:	Zip Code: If No, where: Hair & Eye Color? / Phone: Zip Code: If No, where: Hair & Eye Color? / Year:		
State: Zip Code:	Business name:	Home Address: City: Place of birth: Race: Drivers full name: Home Address: City: Place of birth: Race: Make: Tag: Make:	Date of birth: Height: VE Model: VIN #: Model:	Citizen of US? Yes No Weight: State: Citizen of US? Yes No Weight: EHICLES Color:	Zip Code: If No, where: Hair & Eye Color? / Phone: Zip Code: If No, where: Hair & Eye Color? / Year:		
State: Zip Code:	Business name:	Home Address: City: Place of birth: Race: Drivers full name: Home Address: City: Place of birth: Race: Make: Tag: Make: Tag:	Height: Date of birth: Height: VE Model: VIN #: Model: VIN #:	Citizen of US? Yes No Weight: State: Citizen of US? Yes No Weight: EHICLES Color:	Zip Code: If No, where: Hair & Eye Color? / Phone: Zip Code: If No, where: Hair & Eye Color? / Year:		
Diver State: Zip Code: Deliver Deliver State: Zip Code: Deliver	Business name:	Home Address: City: Place of birth: Race: Drivers full name: Home Address: City: Place of birth: Race: Make: Tag: Make: Tag: Make:	Height: Date of birth: Height: VE Model: VIN #: Model: VIN #: Model:	Citizen of US? Yes No Weight: State: Citizen of US? Yes No Weight: EHICLES Color:	Zip Code: If No, where: Hair & Eye Color? / Phone: Zip Code: If No, where: Hair & Eye Color? / Year:		
State:	Business name:	Home Address: City: Place of birth: Race: Drivers full name: Home Address: City: Place of birth: Race: Make: Tag: Make: Tag: Make: Tag:	Height: Date of birth: Height: VE Model: VIN #: Model: VIN #: Model: VIN #:	Citizen of US? Yes No Weight: State: Citizen of US? Yes No Weight: HICLES Color: Color:	Zip Code: If No, where: Hair & Eye Color? / Phone: Zip Code: If No, where: Hair & Eye Color? / Year: Year:		
State: S	Business name:	Home Address: City: Place of birth: Race: Drivers full name: Home Address: City: Place of birth: Race: Make: Tag: Make: Tag: Make: Tag: Make: Tag: Make: Tag: Make:	Height: Date of birth: Height: VE Model: VIN #: Model: VIN #: Model: VIN #: Model: VIN #: Model:	Citizen of US? Yes No Weight: State: Citizen of US? Yes No Weight: HICLES Color: Color:	Zip Code: If No, where: Hair & Eye Color? / Phone: Zip Code: If No, where: Hair & Eye Color? / Year: Year:		
State: S	Business name:	Home Address: City: Place of birth: Race: Drivers full name: Home Address: City: Place of birth: Race: Make: Tag: Make: Tag: Make: Tag: Make: Tag: Make: Tag: Make:	Height: Date of birth: Height: VE Model: VIN #:	Citizen of US? Yes No Weight: State: Citizen of US? Yes No Weight: EHICLES Color: Color:	Zip Code: If No, where: Hair & Eye Color? / Phone: Zip Code: If No, where: Hair & Eye Color? / Year: Year:		
	Business name: Address: City: State: APPLICANT INFORMATION Applicant name: Phone:	City: Drivers full name: Home Address: City: Place of birth: Race: Drivers full name:	Date of birth:	State: Citizen of US? Yes No	Phone: Zip Code: If No, where: Hair & Eye Color? /		
	Business name: Phone: Address: City: State: Zip Code:						
	Business name: Phone: Address:	City:			Zip Code:		
APPLICANT INFORMATION							
City: State: Zip Code: APPLICANT INFORMATION					Phone:		
Address: City: State: Zip Code: APPLICANT INFORMATION							
Business name: Phone: Address: City: State: Zip Code: APPLICANT INFORMATION	showing: origin, destination & amount of fare charged on the card. A new card shall be used and turned in daily to the company. See Manual of Fees for cost						