



COUNCIL DATE: _____

PROVISIONAL? YES OR NO

Provisional Issued: PTD _____ - _____ *Dates Valid:* _____ - _____

Include a copy of:
 _____ Driver License/Photo ID
 _____ 2x2 color photo less than 1 year old
 (for operator)
 _____ Certificate of Insurance (for taxi)

OFFICE OF THE CITY CLERK

300 East Main Street
 Sun Prairie, WI 53590-2227
 OFFICE (608) 837-2511
 FAX (608) 825-6879
 Website www.cityofsunprairie.com

TAXI OPERATOR/BUSINESS LICENSE - APPLICANT INFORMATION

APPLICANT'S LAST NAME:			APPLICANT'S FIRST NAME:			MIDDLE INITIAL	OTHER NAMES USED / MAIDEN NAME
SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BIRTHDATE	APPLICANTS DRIVERS LICENSE - STATE AND NUMBER	
CURRENT RESIDENCE ADDRESS - PERMANENT						ARE YOU A WISCONSIN RESIDENT?	
STREET						<input type="checkbox"/> No <input type="checkbox"/> Yes - IF YES, HOW LONG? _____ If "no" please list the state that you are a permanent resident of, and how long you have been a resident there. _____ _____	
CITY							
STATE / ZIP							
HOME PHONE NUMBER			CELL PHONE NUMBER			EMAIL ADDRESS	

LIST OFFENSES FOR WHICH YOU HAVE BEEN CHARGE OR CONVICTED IN THE PAST FIVE (5) YEARS:

Also, include offenses for which you have been released from prison or parole in the past five years. This includes but is not limited to any felony, misdemeanor, or ordinance violations involving alcohol or drugs, and any other traffic, licensing offenses and/or civil forfeiture violation from this or any other state, county or municipality.

If you have none, Initial Here _____

DATE OR MONTH AND YEAR	NATURE OF CHARGES	JURISDICTION WHERE CHARGED (City/State/County if known)	INDICATE IF CHARGE IS -PENDING -CONVICTED -RESOLVED

LIST DATES AND PLACES OF RESIDENCE FOR THE PAST 5 YEARS:

If you have not lived anywhere else besides your current address in the last 5 years, Initial Here _____

DATE	ADDRESS	CITY/STATE

Please include a copy of your driver's license or state issued identification card with the application and required fees.

TAXI OPERATOR/BUSINESS LICENSE APPLICATION

This application is for a..... Taxi Driver Renewal License..... New License
 This application is for a..... Taxi Business..... Renewal License..... New License

Do you currently hold or have you ever held a Taxi Operator's License? Yes No
 If so please specify the municipality/city _____
 Have you ever had a Taxi Operator's License suspended, revoked or denied in this or any other municipality? Yes No
 If so, please specify municipality/city _____

***Name of employer/business/organization you will be working for?** _____

TO: CITY COUNCIL OF THE CITY OF SUN PRAIRIE, WISCONSIN,

I hereby apply for Taxicab/Limousine License, from date approved to June 30, of the licensing year applied for inclusive unless sooner revoked, subject to the limitations imposed by the Wisconsin Statutes and City Ordinances and all acts amendatory thereof and supplementary thereto. And I hereby agree to comply with all laws, Resolutions, Ordinances and Regulations, Federal, State, or Local affecting the operation of a taxicab/limousine and motor vehicle if a license is granted to me. Yes No

I certify that I am over the age of eighteen (18), and that the completed statements are true and correct. Yes No

Did you read the Licensing Guidelines, and understand that if this license is not issued, fees that have been paid will not be refunded. Do you acknowledge that you have also been provided a copy of Section 5.32 of the City Municipal Code of Ordinances as it pertains to Licenses? (Or you can view the City's Municipal Code here: https://www.municode.com/library/wi/sun_prairie/codes/code_of_ordinances) Yes No

I also authorize a review of and full disclosure of any and all records, files and reports, which include any police contact as well as arrests. Yes No

Did you provide a photo copy of your driver's license? Yes No

Did you provide a photograph* of yourself? Yes No

*The photograph should be approximately two inches by two inches (2" x 2") showing the head and shoulders, which has been taken not more than one year prior to such application. The photograph should be in color. Please note that this photograph will not be returned unless you provide a SASE to have it mailed back to you.

Call or Email me, I will pick up my license when it is ready.

Signature Date

OFFICE USE ONLY - Application and fees accepted by MS / AL / _____ Date _____ / _____ / 20_____

FEEES	<input type="checkbox"/>	Taxi Operator License.....	\$20.00 + \$7.00 Background check
	<input type="checkbox"/>	First Taxicab/limousine License.....	\$50.00
	<input type="checkbox"/>	Additional Taxicab/limousine License.....	\$35.00
	<input type="checkbox"/>	Renewal Taxicab/limousine License.....	\$35.00
	<input type="checkbox"/>	City Subsidized Cab Company.....	No Fees
Total Fees collected: \$			_____

In regards to the issuance of this license, the Sun Prairie Police Department:
 _____ has no objection.
 _____ does have an objection which is detailed, with a recommendation, in the attached report.
 _____ recommends further review and consideration for action by the city attorney with a report to follow due to the following: _____

Signature of Police Chief or his/her designee DATE