



**CITY OF VIRGINIA APPLICATION
FOR
TAXI LICENSE**

LICENSE YEAR ENDING DECEMBER 31, _____

ANNUAL LICENSE FEE:

\$50.00 for up to three vehicles, with an additional fee of \$25.00 per vehicle for any vehicles over three.

**APPLICANT
INFORMATION:**

**BUSINESS
INFORMATION:**

First Middle (No Initials) Last

Business Name

Applicant Address City, State, Zip

Business Address City, State, Zip

Applicant Phone Number

Business Phone Number

VEHICLE DESCRIPTIONS:

Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

VEHICLE NO. 1

VEHICLE NO. 2

Make and Model of Vehicle

Make and Model of Vehicle

VIN #

VIN #

License Plate No. Seating Capacity

License Plate No. Seating Capacity

VEHICLE NO. 3

VEHICLE NO. 4

Make and Model of Vehicle

Make and Model of Vehicle

VIN #

VIN #

License Plate No. Seating Capacity

License Plate No. Seating Capacity

Applicant Driver's License No. Driver's License Type

Applicant Driver's License No. Driver's License Type

DRIVERS INFORMATION:

This information will be used to perform a drivers license check. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

DRIVER NO. 1

 First Middle (No Initials) Last

 Driver's Address City, State, Zip

 Driver's Phone Number / /
 Date of Birth

 Applicant Driver's License No. Driver's License Type

DRIVER NO. 2

 First Middle (No Initials) Last

 Driver's Address City, State, Zip

 Driver's Phone Number / /
 Date of Birth

 Applicant Driver's License No. Driver's License Type

DRIVER NO. 3

 First Middle (No Initials) Last

 Driver's Address City, State, Zip

 Driver's Phone Number / /
 Date of Birth

 Applicant Driver's License No. Driver's License Type

DRIVER NO. 4

 First Middle (No Initials) Last

 Driver's Address City, State, Zip

 Driver's Phone Number / /
 Date of Birth

 Applicant Driver's License No. Driver's License Type

INSURANCE REQUIREMENTS:

Insurance policy shall insure such operator in at least the sum of \$70,000.00 against claims for damage by reason of injuries to any one person injured or killed through the operation for such motor vehicle, and in at least the sum of \$150,000.00 against claims for damages on account of injuries to more than one person arising out of any one accident. Such policy shall guarantee payment of any final judgment rendered against the owner or licensee of motor vehicle within the limits hereinbefore provided, because of injury or damage resulting to any person or persons from the negligent operation of said motor vehicle. Insurance must contain provision that it cannot be cancelled by the insurer without notice to the City of Virginia.

THE UNDERSIGNED HEREBY AGREES TO OPERATE IN THE CITY OF VIRGINIA IN ACCORDANCE WITH THE REGULATIONS GOVERNING TAXIS AS SET FORTH IN THE CITY OF VIRGINIA CITY CODE. IT IS UNDERSTOOD THAT FAILURE TO CONFORM OR ABIDE RENDERS THIS LICENSE NULL AND VOID.

SIGNATURE OF APPLICANT

DATE

Return this completed application to: City Clerk's Office, 327 1st Street South, Virginia MN 55792