CITY OF DOUGLAS
Taxicab Permit Application

Application Fee: <mark>$50.00 per permit</mark> *(non-refundable)*

Information Regarding Applicant/Entity:

Company Name: _____

Company Address: _____ City: _____ State/ ZIP: _____

Company Phone #: _____ Alternate Phone: _____

Wyoming Sales Tax #: _____ Company Tax ID#: _____

Responsible Person or Entity (if different from above): _____

Name/Address/Phone of Immediate Supervisor (if applicable): _____

_____

Has a permit, license, or registration in connection with taxicabs ever been revoked by any jurisdiction? If yes, please provide an explanation of the circumstances: _____

_____

Printed Name of Applicant/Entity Representative: _____

<mark>Signature of Applicant/Entity Representative:</mark> _____

Proposed schedule of rates for taxicab operations: *(attach on separate sheet if necessary)* _____

_____

Comprehensive Liability Insurance Carrier: _____

*(**Note:** City must be named an additional insured. Comprehensive and cargo liability coverage required, and said insurance shall be for motor carrier bodily injury and property damage liability with a combined single limit of an amount not less than $1,000,000. Proof of liability insurance is required as well as proof that each automobile, cab, taxi, or other means of conveyance so licenses is insured).*

Provide the following information for <u>each individual</u> to be authorized under this permit. Please attach a separate sheet of paper if more space is needed.

1. Name, address, phone number, and date of birth;
2. A current copy of the person's criminal background check as maintained by the Wyoming Bureau of Investigation;
3. A ten (10) year driver's history from any state's Department of Transportation dated no more than sixty (60) days prior to the date of the application;
4. A description of the individual, including height, weight, color of eyes and color of hair;
5. Proof of identification by submittal of any of the following that bear a photograph of said person:
    a. A valid U.S. driver's license or identification card issued by any state;
    b. A valid United States uniformed service identification card;
    c. A valid U.S. passport and work Visa; or
    d. U.S. Citizenship & Immigration Services Green Card.
6. Any other information determined to be relevant by the administrative official.
7. Supplement sheets provided by the City must be used to add additional drivers and/or vehicles.

Full Name: _____

All Former Names and/or Aliases: _____

Birth Date:_____Phone (Home)_____Cell: _____

Email Address: _____

Home Address:_____Since: _____

Driver License #/State:_____Exp. Date: _____

PHYSICAL DESCRIPTION: *(Not necessary for Driver Removal Requests)*

Gender: _____ Height:_____Weight:_____Hair Color:_____Eye Color:_____

Driver Signature *(Driver Additions Only)***:** _____

Full Name: _____

All Former Names and/or Aliases: _____

Birth Date:_____Phone (Home)_____Cell: _____

Email Address: _____

Home Address:_____Since: _____

Driver License #/State:_____Exp. Date: _____

PHYSICAL DESCRIPTION: *(Not necessary for Driver Removal Requests)*

Gender: _____ Height:_____Weight:_____Hair Color:_____Eye Color:_____

Driver Signature *(Driver Additions Only)***:** _____

Full Name: _____

All Former Names and/or Aliases: _____

Birth Date:_____Phone (Home)_____Cell: _____

Email Address: _____

Home Address:_____Since: _____

Driver License #/State:_____Exp. Date: _____

PHYSICAL DESCRIPTION: *(Not necessary for Driver Removal Requests)*

Gender: _____ Height:_____Weight:_____Hair Color:_____Eye Color:_____

Driver Signature *(Driver Additions Only)***:** _____

TAXICAB VEHICLE INFORMATION:

Year/Make/Model:_____Color: _____

VIN:_____License Plate #:_____State: _____

Year/Make/Model:_____Color: _____

VIN:_____License Plate #:_____State: _____

Additional Requirements and Important Information:

1. Provide the following attachments:
   a. Proof of registration with the Wyoming Department of Revenue;
   b. Certificate of Good Standing from the Wyoming Secretary of State;
   c. Proof of Operating Authority from the Wyoming Department of Transportation.
2. Provide a description of all taxicabs that the applicant will use and license plate number for each vehicle;
3. Provide verification that each vehicle to be used under this permit has been inspected by the Chief of Police or his/her designee *(requirement can be waived at the Chief's discretion)*;

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4. Each taxicab used under a taxicab permit shall have, while in operation, painted, vinyl or magnetic letters and numbers readable from a distance of twenty feet (20') with the name and phone number of the operator on both the left and the right sides or along the top cab of the taxicab.
5. If more than one taxicab is operated by the same operator, each taxicab shall be designated by a different number and such number shall also appear on both the left and right sides or along the top cab of each taxicab.
6. Neither the City nor any of its officers, employees, agents or authorized volunteers shall be liable to any person for any injuries, damages or liabilities of any kind arising from or relating to any errors or omissions that may occur in the issuance of a taxicab permit to an applicant.
7. No person licensed under this Chapter shall imply that having such permit constitutes an endorsement or recommendation of the City.
8. The number of passengers carried by a taxicab at any time shall not exceed the seating capacity of the taxicab but in any event **no taxicab shall exceed seven (7) passengers**.
9. It shall be the sole responsibility of the permit holder to:
   a. Provide a copy of the permit to each person authorized to engage in taxicab operations under the permit;
   b. Ensure that each person authorized to operate a taxi under the permit complies with the terms and conditions of the permit and with the provisions of this Chapter;
   c. Notify the City Clerk in writing of any persons added to or deleted from the list of authorized taxicab operators or any taxicab removed or added to be utilized under the Taxicab permit;
   d. Submit to the City Clerk, for each person to be added to such list, the information as required per 1 through 6 on page one (1) of this application;
   e. Submit to the City Clerk, for each taxicab to be added under the Taxicab permit be inspected as required per number 3 above, including verification of inspection and proof of insurance.
   f. Every taxicab shall have posted in a conspicuous location within the taxicab a schedule of rates and charges for taxicab, copy of Taxicab permit and driver's identification.
   g. **No charge shall be made by any taxicab operator or owner in excess of the rates posted with taxicab and submitted to City Clerk.**
   h. **Whenever a rate change is desired, the taxicab permit holder may file a request for amendment with the City Clerk.**
   i. This permit is non-transferrable.
   j. All taxicabs that fall within the Wyoming Department of Transportation or United States Department of Transportation rules and regulations are governed by those rules and regulations and shall provide evidence of compliance with such rules and regulations before the issuance of a taxicab license, or any renewal thereof.

Please visit http://library.municode.com/index.aspx?clientId=16318 *to view in full the City of Douglas Municipal Code for taxicabs, or go to the City website at* www.cityofdouglas.org *and search Chapter 5.32 under the Municipal Code link.*

TO BE COMPLETED BY CITY CLERK

Permit Fee	Receipt #	Date of Approval _____
$50_____	_____	
License #	Date	Expiration Date _____
_____	Rec'd_____	