Taxicab Application

This application is subject to City Commission approval.

APPLICANT & BUSINESS INFORMATION

Applicant: **Date:**

Business Name:

Location: **24-Hour Phone:**

Parking Area for Taxicabs: **Number of Taxicabs:**

Federal Employer ID #: **Georgia Sales Tax #:**

Ownership Information (list all owners, partners, or corporate officers, including the registered agent):

NAME	OWNERSHIP INTEREST	HOME ADDRESS	TELEPHONE #

Corporate Address:

INSURANCE & FLEET

Insurance Carrier: **Expiration Date:**

Policy Number: **Amount of Liability Coverage:**

Proof of paid insurance coverage for the term of the license period is required before the license is issued.

Cab Fleet Color Scheme:

Property Owner (if location not owned): **Phone:**

Property Owner Address:

REFERENCES (LIST THREE, WITH ADDRESSES AND TELEPHONE NUMBERS)

NAME	ADDRESS	PHONE

By submission of this application, I acknowledge that a monitored telephone will be provided to handle requests for taxicab service from the general public at all times the business is open. I have read and understand Chapter 35 of the Code of Ordinances of the City of Waycross. All statements made in this application are true and complete to the best of my knowledge, and I authorize investigation of all statements contained herein.

Signature of Applicant: **Date:**

INSPECTIONS & APPROVALS — OFFICE USE ONLY

Inspection Dept. — Approved/Denied By: _____ **Date:** _____

Fire Dept. — Approved/Denied By: _____ **Date:** _____

Police Dept. — Approved/Denied By: _____ **Date:** _____

City Commission — Approved/Denied By: _____ **Date:** _____

Tax Classification: _____ **Tax Rate:** _____ **SIC/NAICS Code:** _____