

Date_____

Application #_____

20____

TAXI -CAB LICENSE
CITY OF FORT SCOTT, KANSAS

1. Owners Full Name and Address_____
2. Date of Birth_____ License No._____
3. Prior License No. _____ Date Cab Purchased _____
(If Kansas license is less than 1 year old)
4. Description of Vehicle
(a) Make and brief description _____

(b) Year of Vehicle_____ (c) Chassis Number _____
(d) License Tag Number_____
5. Number of persons taxicab can carry _____
6. Place of business _____
7. Telephone Number_____
8. Name of officer of the firm, corporate or co-partnership:
(a)_____
(b)_____
9. DUI or DWI convictions in last 5 years_____
10. Have you been convicted of a felony in the last 5 years?_____
11. Trade name of firm _____
12. Name of Insurance Company and Agent_____
(policy must be attached stating coverage meets Kansas requirements)
13. Owner must provide proof of insurance of financial security upon demand, in the vehicle.

(For City Use Only)

Approved by:_____ Date:_____

Decal Number:_____