

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:_____