



**TAXI CABS OPERATION AND/OR VEHICLES FOR HIRE APPLICATION**

Application date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

List of vehicles to be operated under this application

Year & Make	Vehicle ID #	License Plate

Have you ever been licensed to operate motor vehicles for hire in the City of Menomonie or another city? ☐ Yes ☐ No Name of city previously licensed: \_\_\_\_\_

Have you ever been charged with or convicted of violating any City of Menomonie ordinances or statutes or the laws of the state of Wisconsin?

☐ Yes ☐ No If yes, state the nature of the charge and/or conviction and the place where the proceedings were taken: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

**Certificate of Insurance must be filed with the Clerk - \$1,000,000 liability insurance.**



# City of **MENOMONIE**

[clerk@menomonie-wi.gov](mailto:clerk@menomonie-wi.gov)

(715) 232-2221 Ext 1006

800 Wilson Avenue  
Menomonie, WI 54751

I hereby authorize the Menomonie Police Department to furnish all information pertaining to my application for a taxi cab/vehicle for hire license to the licensing authorities of the City of Menomonie. This release is authorized with full understanding that the information will be safeguarded against unauthorized disclosure to any party not having a legitimate need for it in the proper discharge of official business of the City of Menomonie.

I hereby release the City of Menomonie, its officers, and employees from any liability for damages which may result to me on account of compliance with this authorization.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Fee:** \$25.00 for each Vehicle + \$10.00 Investigation Fee

Number of Vehicles \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Receipt: \_\_\_\_\_