



City of **MENOMONIE**

clerk@menomonie-wi.gov
(715) 232-2221 Ext 1006
800 Wilson Avenue
Menomonie, WI 54751

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.



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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: _____