

Date Filed: \_\_\_\_\_  
Date Approved: \_\_\_\_\_

License No. \_\_\_\_\_

License Fee - \$125.00

**CITY OF ONALASKA**  
**APPLICATION FOR TAXI CAB LICENSE**

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

Contact Name: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Vehicles Licensed: \_\_\_\_\_

**\*Attach a list of each vehicle with the year, make, model, VIN number and the License Plate Number under which each vehicle is operated\***

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

**\*You must include a copy of your Certificate of Insurance with this application\***

Limits of Liability: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

Rates To Be Charged: \_\_\_\_\_

\_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
Date