



**CITY OF ALGOMA  
APPLICATION FOR TAXICAB LICENSE**

TO THE CITY COUNCIL OF THE CITY OF ALGOMA, WISCONSIN:

Name of Applicant: \_\_\_\_\_

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

Business Location: \_\_\_\_\_

No. of Vehicles to be Licensed: \_\_\_\_\_

Identification No.	Make	Year	State License Number	Cab No.	Maximum Number Adult Passengers
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Insurance Carrier: \_\_\_\_\_

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

Name of Insured: \_\_\_\_\_ Policy Dated \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_ Policy filed with City Clerk: \_\_\_\_\_

In accordance with Section 9.05 of the Municipal Code, the fee is as follows: \$5.00 for the first vehicle; \$1.00 for each additional vehicle.

Receipt No. \_\_\_\_\_

Date: \_\_\_\_\_

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

Business Name of Applicant \_\_\_\_\_

Signed by \_\_\_\_\_

**CERTIFICATE**

I hereby certify that I have examined the above described vehicle(s) and find as follows:

\_\_\_\_\_

Dated: \_\_\_\_\_ 20 \_\_\_\_\_ Signed: \_\_\_\_\_