



# NOTICE OF INTENT TO APPLY FORTAXICAB APPLICATION

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 www.milwaukee.gov/license

## IMPORTANT INFORMATION

### Notice of Intent to Apply with the possibility of a lottery (or if less than 100 a waiting list):

- must be submitted to the License Division between February 1 and February 28, 2014
- must be submitted by mail or drop-box in the License Division Lobby; postmark is accepted as file by date
- must include fee (check or Money Order only) and be completely filled out and signed

**Failure to comply with any of the above requirements or submittal of multiple applications will render application(s) null and void and not able to participate in the lottery if held.**

### Notice of Intent to Apply – Waiting List

- Submitted for License Division after February 28, 2014 by mail or in person
- Must include fee and be completely filled out and signed

**Failure to comply with any of the above requirements or submittal of multiple applications will render application(s) null and void and not placed on waiting list.**

## NUMBER OF PERMITS

I wish to apply for  One Permit  Two Permits

(\$100 fee for each permit must accompany this form; check or Money Order only)

**Failure to submit fee or having check returned with NSF will result in the application being null and void.**

## BUSINESS CONTACT INFORMATION

Sole Proprietor  Partnership  LLC  Corporation  Other:

Legal Entity Name:

Seller's Permit#:

Trade/DBA Name:

Phone:

E-mail:

Premises Address (include city, state, zip code):

Mailing Address:  Same as premises address  Other (include city, state, zip code):

## AGENT / SOLE PROPRIETOR / 1<sup>ST</sup> PARTNER INFORMATION

FULL LEGAL NAME (Last, First & Middle Initial):

Date of Birth:

Home Address (include city, state, and zip code):

Driver's License Number/State ID #: --- State: \_\_\_\_\_

Home Phone:

Cell Phone:

Email:

Percent % of Ownership Interest:

## LIST ALL PERSONS WITH 20% OR MORE OWNERSHIP INTEREST / ADDITIONAL PARTNER(S)

FULL LEGAL NAME (Last, First & Middle Initial):

Date of Birth:

Home Address (include city, state, and zip code):

Driver's License Number/State ID #: --- State: \_\_\_\_\_

Home Phone:

Cell Phone:

Email:

Percent % of Ownership Interest:

Check if there are additional partners or persons with 20% or more ownership interest. Complete additional sheets as necessary.

## CERIFICATION AND SIGNATURE(S)

1. No person having a financial interest in more than one existing taxicab permit shall be eligible for a new taxicab permit and confirm that no person listed on this form has financial interest in more than one existing taxicab permit.
2. No person shall be eligible for more than 2 new taxicab permits issued prior to November 1, 2014.
3. I understand that I must inform the City Clerk within 10 days of any changes in the information supplied in this application.

\_\_\_\_\_  
Sole Proprietor, Partner, 20% or more Shareholder,  
or the Agent - only if there are no 20% or more shareholders

\_\_\_\_\_  
Signature of additional partner or 20% or more shareholder

Office Use Only: Initials: \_\_\_\_\_ Filed: \_\_\_\_\_ Applications: \_\_\_\_\_  
Paid: \_\_\_\_\_ Number Received: \_\_\_\_\_ Lottery:  Waiting List