



CERTIFIED TAXICAB AFFILIATION APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV
WWW.MILWAUKEE.GOV/LICENSE

SIZE OF BUSINESS OPERATIONS

How many taxicabs are currently affiliated with your business? _____*
How many taxicabs intend to affiliate with your business? _____*
Anticipated total number of taxicabs to be affiliated with your business by the end of the license period?

**Application must be accompanied by list of current and intended affiliated taxicab permits by permit number.*

EXPERIENCE

Describe your experience in operating taxicabs or other public passenger vehicles:

If none, check here.

SERVICE AREA PLANS

What are your plans to provide service citywide and plans for improving service to underserved areas?

Attach additional sheets if necessary.

MAINTENANCE

Describe your plans for routine maintenance, including location and frequency of maintenance activities and other vehicle inspections conducted by or on behalf of affiliated permittees.

Attach additional sheets if necessary.

EDUCATION AND TRAINING

What type of driver education and training will be required by or provided by the affiliation?

Attach additional sheets if necessary.

PLEASE READ AND INITIAL EACH ITEM CONFIRMING YOUR UNDERSTANDING:

____ 1. I understand that all affiliated taxicabs will be operated with dispatch services and that dispatch records will be retained and made available in reports as required by the city clerk.

____ 2. I understand that if licensed my business must have taxicab service available by the affiliation 24 hours of each day of the year.

____ 3. I understand that I must inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.

____ 4. I understand that applicants shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

____ 5. I understand that the filing of an application does not entitle applicants to permits, and that granting of permits is in the sole discretion of the Common Council.

____ 6. I have knowledge of the City Ordinances currently regulating the permit applied for herein, and understand that the permit may be subject to suspension, non-renewal or revocation, if the applicants violate any rule or regulation relating to public passenger vehicles and certified taxicab affiliations.