



**TAXI CAB COMPANY LICENSE APPLICATION
CITY OF ABILENE, KANSAS**

COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

COUNTY _____

OWNER OF COMPANY _____
Last (First) (MI)

OWNERS DATE OF BIRTH ____/____/____ SSN ____-____-____
(month/day/year)

WORK NO. _____ HOME NO. _____

DESCRIPTION OF EACH VEHICLE TO BE OPERATED:

- | | |
|---------------|--------------------|
| 1. MAKE _____ | MODEL _____ |
| COLOR _____ | YEAR _____ |
| VIN # _____ | KS LICENSE # _____ |
| 2. MAKE _____ | MODEL _____ |
| COLOR _____ | YEAR _____ |
| VIN # _____ | KS LICENSE # _____ |

INSURANCE REQUIREMENTS: YES _____ NO _____

- \$100,000 Bodily injury for 1 person
- \$300,000 Bodily injury for more than 1 person
- \$50,000 Property damage

***PROOF OF INSURANCE IS REQUIRED!**

IF INCORPORATED – NAME OF OFFICERS _____

IF PARTNERSHIP – NAME OF PARTNERS _____

DATE FEE PAID _____

(SIGNATURE OF APPLICANT TO BE SIGNED IN FRONT OF NOTARY)

DATE

NOTARY SIGNATURE AND SEAL