



Please submit this form to:
City Clerk
419 N Broadway
785-263-2550
shayla@abilenecityhall.com

**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