

Service License Application - Taxicab

2019-2020



Service license renewals are due on or before May 31. All licenses are non-transferable.

Please check the appropriate classification: New Applicant Renewal Address Change

Business Information:

Business Name: _____

Business Address: _____

Mailing Address (if different): _____

Business Phone: _____ Service Provided: _____

Federal Tax ID #: _____ or Social Security #: _____

Owner/Contact Information:

Name: _____ Relationship to Company: _____

Address: _____

Phone Number: _____ Email Address: _____

Vehicle Information:

If more than one vehicle, please provide the information below for each additional vehicle on page 2.

of Vehicles Being Used: _____

Vehicle Year/Make: _____ Vehicle Model: _____

To the City of Farmington:

I, _____, the undersigned, hereby make application for license authorizing my company to engage in such business in the City of Farmington as stated herein and agree to pay appropriate license fee and submit proof of liability insurance, as set forth.

THE FOLLOWING STATEMENT IS ACKNOWLEDGED BY YOUR SIGNING AND DATING: I ATTEST, UNDER PENALTY OF PERJURY, THAT I AM A CITIZEN OR NATIONAL OF THE UNITED STATES. I DO NOT AND WILL NOT KNOWINGLY EMPLOY A PERSON WHO IS AN UNAUTHORIZED ALIEN IN CONNECTION WITH THE BUSINESS FOR WHICH THIS LICENSE HAS BEEN OBTAINED. IN ADDITION, I FULLY UNDERSTAND THE CITY OF FARMINGTON ORDINANCES AS THEY RELATE TO TAXICABS. FURTHERMORE, I ACKNOWLEDGE THAT MY LICENSE CAN BE SUSPENDED OR REVOKED FOR VIOLATION OF LAWS OF THE STATE OF MISSOURI AND /OR THE CITY OF FARMINGTON AS THEY RELATE TO TAXICABS.

Signature of Applicant: _____ Date: _____

⇒ **Taxicab Businesses are required to submit proof of liability insurance. (See Pg. 2)**

License Fee: Minimum: \$15.00
Each Additional Cab: \$5.00

Submit application & payment to:

City of Farmington
Attn: City Collector
110 W Columbia Street
Farmington, MO 63640

City Hall Business Hours:

Monday - Friday 8:00 A.M. - 4:30 P.M.
Phone Number: 573-756-1701

FOR OFFICE USE ONLY:

Paid \$ _____ with Check # _____ Cash

Received on: _____ Receipt #: _____

Received by: _____

Required Documents Received: Y N N/A

License Mailed/Emailed/Picked Up: _____

Taxi Cab Information



Article II. Taxicab Business License Section 620.090. Liability Insurance Required.

- A. No taxicab business license shall be issued under this Article until the licensee shall have filed with the City Clerk, and the same has been approved by the Mayor, a liability insurance policy with an insurance company authorized to transact business within the State and which policy shall meet the following requirements:
1. The policy shall designate by explicit description or by appropriate reference all motor vehicles with respect to which coverage thereby is intended to be granted;
 2. The policy shall insure all persons for damage to or destruction of property in the maximum amount of fifty thousand dollars (\$50,000.00) resulting from any one (1) accident due to the negligent operation or use of a taxicab used in the licensee's business; and
 3. The policy shall insure any person on account of the maintenance, use or operation of the motor vehicle within the City limits against loss from the liability imposed upon the licensee due to the negligent operation or use of the vehicle to the extent and aggregate amount exclusive of interest and cost with respect to each such motor vehicle of fifty thousand dollars (\$50,000.00) for bodily injury to or death of one (1) person as a result of any one (1) accident and, subject to those limits as to one (1) person, the amount of one hundred thousand dollars (\$100,000.00) for bodily injury to or death of all persons as a result of any one (1) accident.

Additional Vehicle Information:

Vehicle #2: _____

Vehicle Year/Make: _____ Vehicle Model: _____

Vehicle #3: _____

Vehicle Year/Make: _____ Vehicle Model: _____

Vehicle #4: _____

Vehicle Year/Make: _____ Vehicle Model: _____

Vehicle #5: _____

Vehicle Year/Make: _____ Vehicle Model: _____

ACCEPTED IN PERSON ONLY

