## APPLICATION FOR TAXICAB BUSINESS LICENSE

MAME OF TAXICAE COMPANY:		
OFFICE LOCATION:		
DATE OF APPLICATION:		
DATE OF HITEINIA		
OWNER OF TAXICAB COMPANY:_		
OWNER"S TELEPHONE NUMBER:_		
OWNER'S ADDRESS:		
STREET		•
CITY	STATE ~	ZIP CODE
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#### INCLOSURES:

TAXICAB COMPANY INFORMATION SHEET (VEHICLES)
TAXICAB COMPANY INFORMATION SHEET (DRIVERS)
DRIVERS APPLICATION FORM

## Application for City of St. Robert Taxi Cab Business License

Please pro- City of St.	vide the following information pursuant to Section 605.040 of the City Code of the Robert:
I. Applica	nnt's name:
2. Propose	d business name:
3. Address Robert, Se	of the business and telephone number: (It must be in the city limits of the City of St. e 605.150 of the City Code)
4. Please a	attach the following to this application
a.	The make and VIN number of each vehicle the applicant proposes to use as a taxi cab in the City of St. Robert.
	An application for City of St. Robert Taxi Cab Operator's license form for each driver and the owner.
	A brief statement as to the experience, if any, in the taxi cab business of the business owner.
	Valid proof of insurance of each proposed taxi cab showing minimum coverage of \$50,000.00 for bodily injury to one person, \$100,000.00 total injury for one accident, and \$50,000.00 for property damage.
e.	A criminal history check from the Missouri State Highway Patrol conducted within the last 60 days for the applicant and each proposed driver under this license.
	the following:
	I have not been convicted of any felony offense.
	I have not been convicted of driving while intoxicated or any similar offense.  I have not been convicted in the last 12 months of 3 or more moving
c.	violations.
d.	I have never pled guilty or been convicted of any drug related offenses.
e.	I have read Sections 605.010 and 605.340 of the St. Robert City Code as it pertains to Taxi Cabs and understand that I must abide by the rules and regulations contained in that section.
Ap	oplicant's Signature Date

#### ST ROBERT POLICE DEPARTMENT

Application For Taxicab Business License

			SIGNATURE OF APPLICANT DATE
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# Saint Robert Missouri Taxi Operator's Permit Application

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