



City of Leavenworth
 100 N. 5th Street, Leavenworth, KS 66048
 913-682-9201 Fax: 913-651-7143

TAXI OWNER
 LIMOUSINE OWNER
APPLICATION

New \$100.00 **Renewal \$100.00** **Duplicate - \$15.00** Application Date: _____

The undersigned hereby makes application for license to operate as a taxicab/limousine owner in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 122 (vehicles for hire)

Owner/Principal Agent Name: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Business Phone: _____ Email: _____

Taxi Company/Business Name: _____ Address: _____

REQUIREMENTS

LIABILITY INSURANCE INFORMATION:

The applicant shall file and deposit with the City Clerk a certification of insurance issued by an insurance company authorized to do business in the State of Kansas, which insurance certificate so issued shall provide insurance coverage for each and every taxicab owned or operated by the applicant of not less than \$25,000 for and injury or death of any one person, and \$50,000 for the injury to or death of any number of persons in one accident, and with a property coverage of not less than \$10,000 for property damage in any one accident. The insurance certificate shall be effective whether the taxicab or limousine at the time of any accident was being driven by the owner, agent, employee, lessee or licensee. Such certificate shall be of standard form as required by the laws of the state and by the insurance commissioner of the state, and shall carry a uniform endorsement providing for the actual notice to the city of any changes thereof. The insurance certificate shall further provide that it cannot be canceled until ten (10) days written notice of such cancellation has been filed with the city clerk. The certificate shall be retained and held by the city clerk during the life of the taxicab/limousine license. If the insurance coverage which is required to be carried by the owner of any taxicab or limousine as set out in this section is canceled by the insurance company, then the taxicab or limousine owner's license and the owner's taxicab or limousine driver's license shall be automatically canceled and the owner's and driver's license shall be immediately surrendered to the city clerk.

LIMOUSINE AND TAXICAB - ASE CERTIFIED MECHANICS INSPECTION FORM FOR EACH VEHICLE
LIMOUSINE AND TAXICAB - CURRENT VALID REGISTRATION ESTABLISHING APPLICANT'S OWNERSHIP
LIMOUSINE APPLICANTS ONLY - ATTACH COLOR SCHEME OR INSIGNIA OF VEHICLES

VEHICLE INFORMATION

Year	Make	Model	Body Style	Color	No. of Persons Capable of Carrying	Fare Meter Test Mile <input checked="" type="checkbox"/>	VIN	KS License No

The above mentioned information is true and correct to the best of my recollection, and I realize that making a false application will automatically void my privilege to this license I am applying for. Therefore I understand the City Ordinance, Rules, or Regulations that govern the position for which I am applying. As owner of the above described vehicle(s), I guarantee them to be in good mechanical condition. I agree to display my license conspicuously in the taxicab so that it is visible to riders at all times.

Applicant Signature: _____ Date: _____

TAXICAB/LIMOUSINE OWNER PERMITS EXPIRE DECEMBER 31st OF EACH YEAR

FOR OFFICE USE ONLY

Date: _____ Received by: _____

Certificate of Liability Insurance ASE Inspection Form for Each Vehicle Valid Registration for Each Vehicle
 Limousine Only – Color scheme or Insignia on Vehicle

Approved Disapprove the issuance of license to the above named applicant by the Police Chief or his designee.

Date: _____ PD Signature: _____

Taxicab Owner Permit (VH/VH4) / Permit # _____ Business License Acct.# _____ Bill # _____ Print & Laminate Card

Limousine Owner Permit (VH/VH2) / Permit # _____ Business License Acct.# _____ Bill # _____ Print & Laminate Card