



# TAXICAB APPLICATION

*(THIS APPLICATION IS SUBJECT TO CITY COMMISSION APPROVAL)*

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Location: \_\_\_\_\_ 24-Hour Phone: \_\_\_\_\_  
Parking Area for Taxicabs: \_\_\_\_\_ Number of Taxicabs: \_\_\_\_\_  
Federal Employer ID #: \_\_\_\_\_ Georgia Sales Tax #: \_\_\_\_\_

Ownership Information (List all owners, partners or corporate officers including corporate registered agent):

NAME	OWNERSHIP INTEREST	HOME ADDRESS	TELEPHONE #
	Registered Agent		

Corporate Address: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Policy Number \_\_\_\_\_ Amount of Liability Coverage \_\_\_\_\_  
(Proof of paid insurance coverage for the term of the license period is required before license is issued)

Cab Fleet Color Scheme \_\_\_\_\_  
Property Owner (if location is not owned): \_\_\_\_\_ Phone: \_\_\_\_\_  
Property Owner Address: \_\_\_\_\_

REFERENCES – PLEASE LIST THREE (3) REFERENCES, WITH ADDRESSES AND TELEPHONE NUMBERS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By submission of this application, I acknowledge a monitored telephone will be provided to handle request for taxicab service from the general public at all times that the business is open for business. I have read and understand Chapter 35 of the Code of Ordinances of the City of Waycross. All statements made in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

## INSPECTIONS AND APPROVALS

*OFFICE USE ONLY*

Inspection Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By _____	Date _____
Fire Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By _____	Date _____
Police Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By _____	Date _____
City Commission	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By _____	Date _____

Tax Classification: \_\_\_\_\_ Tax Rate: \_\_\_\_\_ SIC/NAICS Code: \_\_\_\_\_