

**MOTOR BUS OR FIXED ROUTE TRANSPORTATION VEHICLE  
LICENSE APPLICATION  
(Pursuant to Madison General Ordinance 11.02)**

**License Period: January 1 to December 31**

Date: \_\_\_\_\_

Fee: License \$300.00/year

1. Name of Individual, Firm, or Corporation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

2. Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Address: \_\_\_\_\_

3. **TOTAL NUMBER** of vehicles proposed to be operated: \_\_\_\_\_

4. Route or territory over which vehicles are proposed to operate: **(fixed route vehicles must operate over same route on every dispatch)**

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

5. Proposed hours of operation: \_\_\_\_\_

6. List your schedule of rates to be charged and the method of charging: **(in detail)**

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

7. Name of Insurance Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

8. Name of Insurance Agent: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

9. Is applicant a corporation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give names and addresses of board of directors and address of corporation:

**NAME**

**ADDRESS**

_____	_____
_____	_____
_____	_____

10. Is applicant a partnership? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give names and addresses of all partners:

**NAME**

**ADDRESS**

_____	_____
_____	_____
_____	_____

11. If any vehicles sought to be licensed are mortgaged, give name and address of mortgagee, vehicle serial number, amount of mortgage and fulfillment date:

Name	Address	Vehicle Ser. No.	\$	Fulfillment Date

Does the applicant agree that he/she has read and is thoroughly familiar with the ordinances of the City of Madison pertaining to the licensing and regulating of motor buses and fixed route vehicles in the City of Madison and agrees to abide by these and all other ordinances of the City and laws the State of Wisconsin?

Yes \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to before me  
this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
Notary Public  
Commission Expires: \_\_\_\_\_

