Taxicab License Application

Pursuant to Madison General Ordinance 11.06

Fee: $2,200/two years ($1,200/initial year) + $60/vehicle
Renewal Fee: $2,200/two years + $60/vehicle

1. Applicant Name _____ Home Phone # _____
   Home Address _____

2. Company Name _____
   Business Address _____
   Business Telephone Number _____

3. Indicate method of operation and type of fare collection:
   Flate Rate _____ Number of Vehicles _____
   Zone _____ Number of Vehicles _____
   Meter _____ Number of Vehicles _____
   Airport Shuttle _____ Number of Vehicles _____

   Total number of vehicles proposed to be operated _____

4. Describe detailed color scheme to be used: main body, roof, trim, lettering, etc.
   _____
   _____

5. List your schedule of rates to be charged and the method of charging, **in detail:**
   _____
   _____

6. Name of Insurance Company _____
   Business Address _____
   Business Telephone Number _____

7. Name of Insurance Agent _____
   Business Address _____
   Business Telephone Number _____

8. Is applicant a corporation? _____ Yes _____ No

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

Name	Address

9. Is applicant a partnership? _____ Yes _____ No

If yes, give names and address of all partners:

Name	Address

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

Name	Address	Vehicle Serial #	$	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 taxicabs in the City of Madison, and agrees to abide by these and all other ordinances of the City and laws of the State of Wisconsin?

_____ Yes _____ No

Subscribed and sworn before me

this _____ day of _____, 20_____.

_____
Applicant's Signature

_____
Notary Public

My Commission Expires _____.

Taxicab Filing Affidavit

State of Wisconsin)
)
County of Dane)

_____, being first duly sworn on oath, deposes and says:

1. That the affiant owns _____, operates _____, or manages _____ a taxicab business in the City of Madison, doing business as _____.

2. That as of the date of this Affidavit, (Company Name) _____, (Address) _____, Madison, Wisconsin, doing business as _____, was the owner of the vehicles listed on Schedule A shown on the reverse side of this Affidavit and incorporated herein.

3. That the schedule of fares to be charged in the operation of each of the vehicles listed on Schedule A as taxicab is: (check boxes to indicate which taxicab rates are applicable)

   _____ The Meter Taxicab Rates authorized pursuant to Section 11.06(9)(a) of the Madison General Ordinances.

   _____ The Zone Taxicab Rates authorized pursuant to Section 11.06(9)(b) of the Madison General Ordinances.

   _____ The Airport Shuttle Rates authorized pursuant to Section 11.06(9)(c) of the Madison General Ordinances.

   _____ The Flat Rate authorized pursuant to Section 11.06(9)(d) of the Madison General Ordinances.

4. a) That attached to this Affidavit for deposit with the City Clerk is a Policy or Certificate of Liability Insurance specifying insurance coverage of the types and amounts required by Section 11.06(8) of the Madison General Ordinances, and specifically indicating that said insurance coverage is applicable to the vehicle identified on the said Schedule A; and

   b) That also attached to said Policy or Certificate of Liability Insurance is a Certificate of Compliance from the State of Wisconsin Insurance Commissioner showing the insurance company is licensed and authorized to transact automobile insurance business in the State of Wisconsin; and

   c) That said insurance policy contains a provision that the same may not be cancelled before the expiration of its term except upon thirty days' written notice to the City of Madison.

5. That this Filing Affidavit is made to comply with the provisions of Section 11.06 of the Madison General Ordinances described herein.

Subscribed and sworn before me

this _____ day of _____, 20_____.

_____
Signature of person signing Affidavit under oath

_____
Notary Public
My Commission Expires _____.

Vehicle List Schedule A

Company Name _____

Model Year	Class & Make	State License	Owner/ Title Holder	Serial/Engine #	Permit #	Type of Service	Office Use Only						
							State Reg.	Ins.	Meter	Insp.	Mark.	Color	Permit Issued

City of Madison -- Taxicab Rate Schedule

METER RATES

In Town

"DROP" Distance _____ MI "DROP" Charge $_____
Additional Distance _____ MI Additional Charge $_____
Wait Time _____ Seconds Wait Charge $_____

Out of Town

"DROP" Distance _____ MI "DROP" Charge $_____
Additional Distance _____ MI Additional Charge $_____
Wait Time _____ Seconds Wait Charge $_____

VAN RATES (LARGE PARTY—6 OR MORE PASSENGERS)

In Town

"DROP" Distance _____ MI "DROP" Charge $_____
Additional Distance _____ MI Additional Charge $_____
Wait Time _____ Seconds Wait Charge $_____

Out of Town

"DROP" Distance _____ MI "DROP" Charge $_____
Additional Distance _____ MI Additional Charge $_____
Wait Time _____ Seconds Wait Charge $_____

ZONE RATES

First Zone Charge $_____
Additional Zone(s) Charge $_____
Additional Passenger Charge $_____ (for passengers making the same trip as the first passenger)
Outer Zone Distance _____ MI Outer Zone Charge $_____
Wait Time _____ Seconds Wait Charge $_____

FLAT RATES

"DROP" Distance _____ MI

Single Passenger "DROP" Charge $_____ Additional Passenger "DROP" Charge $_____

Additional Distance _____ MI

Single Passenger "DROP" Charge $_____ Additional Passenger "DROP" Charge $_____

LIMOUSINE RATES

Zone 1 Charge $_____ per passenger Zone 6 Charge $_____ per passenger
Zone 2 Charge $_____ per passenger Zone 7 Charge $_____ per passenger
Zone 3 Charge $_____ per passenger Zone 8 Charge $_____ per passenger
Zone 4 Charge $_____ per passenger Zone 9 Charge $_____ per passenger
Zone 5 Charge $_____ per passenger

HOURLY RATE

$_____ per hour

RATES FOR OTHER SERVICES

Personal Baggage:	First two articles _____Free_____	
	Additional articles $_____	each (except trunks and footlockers)
Groceries Carried to Door:	First two bags _____Free_____	
	Additional bags $_____	
Trunks and Footlockers:	$_____	each
Aids to Handicapped People:	_____Free_____	

AIRPORT FEE

$_____ per vehicle (may not exceed the fee imposed by Dane County)

Company:_____

Proposed Effective Date:_____

Submitted by:_____
(Signature)

_____
(Type or Print Name)

This schedule must be submitted to the City Clerk at least **twenty-eight (28) days** before the proposed effective date.

Office Use Only:

Rate allowed by operating license: Meter Zone Flat Limousine

Submission Date: _____ Last Rate Change Submitted: _____

Distribution:
- ☐ City Department of Transportation
- ☐ City Weights and Measures (Meter Cabs only)
- ☐ Dane County Regional Airport
- ☐ City Police Department

License # _____

405 Public Passenger Vehicle/Pedal Cab

406 Horse-Drawn Vehicle

408 Pedal Cab Service