

# Taxicab License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$2,075/two years (\$1,200/initial year) + \$50/vehicle

Renewal Fee: \$1,750/two years + \$50/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:

Flat 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 \_\_\_\_\_.



# City of Madison -- Taxicab Rate Schedule

## METER RATES

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### 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)

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### 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

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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

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“DROP” Distance \_\_\_\_\_ MI  
Single Passenger “DROP” Charge \$ \_\_\_\_\_      Additional Passenger “DROP” Charge \$ \_\_\_\_\_  
Additional Distance \_\_\_\_\_ MI  
Single Passenger “DROP” Charge \$ \_\_\_\_\_      Additional Passenger “DROP” Charge \$ \_\_\_\_\_

## LIMOUSINE RATES

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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 # _____
403 Para-Transit Operating
405 Public Passenger Vehicle/Pedal Cab
406 Horse-Drawn Vehicle
408 Pedal Cab Service