

Motor Bus or Fixed Route Transportation Vehicle License Application

Pursuant to Madison General Ordinance 11.02 ♦ License Period: January 1 to December 31 ♦ Fee: \$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

12. 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

407 Motor Bus/Fixed Route
License # _____

Subscribed and sworn to before me
this ___ day of _____, 20__.

Notary Public
Commission Expires: _____

