



OFFICE OF THE CITY LICENSE INSPECTOR

320 EAST MCCARTY ST.

JEFFERSON CITY, MO 65101

PHONE: (573)634-6322 FAX: (573)634-6329

EMAIL: BILLING@JEFFERSONCITYMO.GOV

TAXI CAB/CHAUFFEUR BUSINESS LICENSE APPLICATION

YOU MAY NOT CONDUCT BUSINESS UNTIL BUSINESS LICENSE IS APPROVED AND ISSUED.

DATE: _____

BUSINESS NAME: _____

DBA: _____

BUSINESS PHYSICAL LOCATION: _____

TYPE OF BUSINESS: _____

Phone # _____ Fax # _____ Cell # _____

MAILING ADDRESS: _____

OWNER NAME: _____ PHONE # _____

OWNER HOME ADDRESS: _____

EMAIL: _____

SIGNATURE: _____

REQUIREMENTS:

1. Completed license application.
2. License Fee payment:
 - a. Annual Fee of \$105 for 1st vehicle, \$26 for each additional.
3. Insurance Certificate of Public Liability and Property Damage Insurance covering each motor vehicle.
4. Criminal Background Check.
5. Annual Vehicle Inspection by a mechanic authorized by the State of Missouri to perform motor vehicle inspections.

Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.

1. FULL NAME, RESIDENTIAL AND BUSINESS ADDRESS FOR THE LAST 5 YEARS (IF A PARTNERSHIP/CORPORATION WE WILL NEED THE FULL NAME, RESIDENTIAL AND BUSINESS ADDRESSES FOR ALL PARTNERS/OFFICERS/DIRECTORS.)

NAME:	
RESIDENTIAL ADDRESS:	
DATES RESIDED AT:	
BUSINESS ADDRESS:	
DATES RESIDED AT:	

NAME:	
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RESIDENTIAL ADDRESS:	
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BUSINESS ADDRESS:	
DATES RESIDED AT:	

2A. HAS ANYONE IN SECTION ONE BEEN CONVICTED OF A FELONY OR A MIDEAMEANOR INVOLVING THE USE OR THREAT OF FORCE OR VIOLENCE OR THE SALE OF DRUGS OR SEXUAL ABUSE IN THE UNITED STATES OR THE STATE OF MISSOURI OR THE COUNTY OF COLE OR THE CITY OF JEFFERSON? _____

2B. HAS ANYONE IN SECTION ONE (WITHIN THE PAST TWO YEARS) VIOLATED ANY PROVISION OF THIS CODE? _____

2C. HAS ANYONE IN SECTION ONE EVER HAD A BUSINESS LICENSE OR OTHER LICENSE OR PERMIT ISSUED BY THE CITY REVOKED OR SUSPENDED? _____

3. DOES ANYONE IN SECTION ONE HAVE ANY UNPAID CLAIMS OR UNSATISFIED JUDGEMENTS AGAINST HIM/HER FOR DAMAGES RESULTING FROM THE NEGLIGENT OPERATION OF A VEHICILE? _____

4A. PAST EXPERIENCE OF ANYONE IN SECTION ONE OF PROVIDING A VEHICLE FOR HIRE SERVICE? _____

4B. DATES SUCH SERVICE WERE PROVIDED AND THE CITY WHEREIN THE SERVICE WAS PROVIDED? _____

5. HAS ANYONE IN SECTION ONE EVER HAD A LICENSE OR PERMIT TO OPERATE A VEHICLE FOR HIRE BEEN REVOKED OR SUSPENDED AND IF SO, THE CIRCUMSTANCES OF THE REVOKATION OR SUSPENSION? _____

6A. NUMBER OF VEHICLES PROPOSED TO BE OPERATED (NUMBER OF VEHICLES NECESSARY TO OPEARTE A VEHICLE FOR HIRE BUSINESS SHALL IN NO CASE BE LESS THAN THREE FOUR DOOR VEHICLES)?

6B.

REGISTERED VEHICLE OWNER	MAKE	MODEL	COLOR	YEAR	LICENSE PLATE #	VEHICLE I.D. #

7. WHAT METHOD WILL THE PUBLIC USE TO SECURE TRANSPORTATION AND IN WHAT MANNER WILL THE VEHICLES BE DISPATCHED (MUST BE PROVIDED BY APPOINTMENT ONLY)? _____

8. WHAT COLOR SCHEME, NAME AND CHARACTERISTIC INGIGNIA WILL BE USED TO DESIGNATE THE VEHICLES (ATTACH AN EXPMPLE IF POSSIBLE)? _____

9. HOURS AND DAYS OF OPERATION? _____