



APPLICATION FOR TAXI COMPANY LICENSE
2018 - 2019
CITY OF SOUTH BEND, INDIANA

New _____ Renewal _____

Date _____

1. Personal Data

- a. Applicants Legal Name _____
- b. Street Address _____
- c. Mailing Address _____
- d. Position _____
- e. Driver's License Number _____ **(Please attach a copy)**
- f. Email Address _____

2. Business Data

- a. Business Name _____
- b. Business Address _____
- c. Business Telephone Number (24 hour line) _____ Fax# _____
- d. What is the net worth of the business? (assets minus debts) _____
- e. List all unpaid judgments of the applicant and the circumstances giving rise to such judgment, along with the Court and Cause Number of each case where judgment was entered. _____

(Attach additional sheets if necessary)

- f. Have you ever operated a taxi business prior to this operation? Yes _____ No _____
If yes, was your permit to operate ever revoked or suspended? Give details. _____

- g. State your past experiences in the business of public passenger transportation. _____

(Attach additional sheets if necessary)

- h. What facts do you believe support the need for additional taxi cab service in the City of South Bend? _____

j. Please describe the color scheme, identifying design, monogram or insignia to be used to designate vehicles. (You may attach a photograph or drawing).

k. Will 24 hour dispatch and service be provided to all locations within the City of South Bend?

Yes _____ No _____

Please note: Twenty-four hour services must be provided to all locations within the City for the Company to be licensed under Section 4-61.

l. Please list the insurance carrier, agency and amount of liability insurance. _____

NOTE - Policy must provide a 15 day cancellation notice to the City of South Bend.

3. **RATES**

Please **ATTACH** a typed 8 1/2 x 11 sheet of your rates of fare, including all meter rates, flat rates, or any special rates your company intends to charge during the license year. **ALSO we will need a copy of your filled out placard.**

Note - No company may charge a rate that has not first been submitted in writing to the Central Services Division. If the company intends to change its rates during the license term, the company must first give written notice to, and verify receipt by, the Central Services Division.

4. **Company**

Type of ownership:

Sole Proprietor _____ Partnership _____ Corporation _____

If Sole Proprietor:

Name _____

Business Address _____

Residence Address _____

Telephone Numbers: Business _____ Residence _____

5. a. Have you ever been convicted of a felony? Yes _____ No _____
 (If yes, specify date and circumstances) _____

- b. Have you ever been convicted of a misdemeanor? Yes _____ No _____
 (If yes, specify date and circumstances) _____

- c. Have you ever been convicted of a traffic or speeding violation? Yes _____ No _____
 (If yes, specify date and circumstances) _____

- d. Has your drivers or chauffeurs license ever been revoked? Yes _____ No _____
 (If yes, specify date and circumstances) _____

- e. Has your drivers license ever been suspended? Yes _____ No _____
 (If yes, specify date and circumstances) _____

6. **Affirmation**

I hereby certify and affirm that all information I have given in this application is true and accurate to the best of my knowledge. I further certify and affirm that I have in no way attempted to mislead the City in this application by omitting facts known to me. I have read and understand the regulations of taxi cabs as found in the City of South Bend Municipal Section 4-61.

 Signature

 Date

Please Note: Application must be complete and legible in order to be processed by the Controller.

If Partnership: (Give information for at least two partners.)

Name _____
Business Address _____
Residence Address _____
Telephone Numbers: Business _____ Residence _____

Name _____
Business Address _____
Residence Address _____
Telephone Numbers: Business _____ Residence _____

If Corporation:

Name of Corporation: _____
Date and State of Incorporation _____
Corporation is: For Profit _____ Not for Profit _____

Officers:

Name of President _____
Business Address _____
Residence Address _____
Telephone Numbers: Business _____ Residence _____

Name of Secretary _____
Business Address _____
Residence Address _____
Telephone Numbers: Business _____ Residence _____

Name of Treasurer _____
Business Address _____
Residence Address _____
Telephone Numbers: Business _____ Residence _____

Managers/Directors:

Name _____
Title _____
Business Address _____
Residence Address _____
Telephone Numbers: Business _____ Residence _____

Name of registered Agent filed with the Secretary of State _____
Title _____
Business Address _____
Residence Address _____
Telephone Numbers: Business _____ Residence _____