



**APPLICATION FOR TAXI COMPANY LICENSE  
2019 - 2020  
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 \_\_\_\_\_

**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 \_\_\_\_\_

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.**



