

City of Washington Taxicab Business License Application

405 Jefferson Street Washington, MO 63090

(636) 390-1048 or (636) 390-1090 & Fax (636) 390-1068

Email: shellebusch@ci.washington.mo.us

Annual License: July 1, 2016-June 30, 2017

½ year license: July 1, -December 31, 2016 or January 1, -June 30, 2017

Business Name: _____

Corporate Name (If applicable): _____

Owner's name/Licensee: _____

Business Address: _____

Owner's Home Address: _____

Mailing Address: _____

E-mail Address: _____

Business Phone: _____ Alt. Phone: _____ Fax: _____

Please list one of the following:

State Tax ID# _____ Federal Tax ID# _____ SSN _____



Requirements: (*you MUST have all of the following before the license will be issued*)

1. Approved Commercial Certificate of Occupancy (**If occupying a location within the City Limits**).
2. List of how many taxicabs and drivers with a copy of photo ID for all drivers
3. Owner and description of each taxicab.
4. List of all indebtedness of such applicant upon such taxicabs and description of any and all equipment used in the business
5. List of hours and charges
6. Proof of public liability and auto insurance
7. **Must have council approval**

Fees: See below for base amounts for Annual License.

(For ½ year license, the fee is ½ the base amount)

Base amount plus fee for each employee (Excluding Self, Owners, Partners, etc.)

Taxicab: \$60.00 plus \$2.00 per employee/driver

Number of employees: _____ **Estimated License Fee:** _____

I declare under penalty of perjury that this application has been examined by me and that the statements made herein are in good faith pursuant to the City of Washington, MO tax regulations and, to the best of my knowledge and belief, are true, correct, and complete.

Signature of Applicant: _____ **Date:** _____

We accept cash or check for payment. Make checks payable to: City of Washington