

CITY OF SUPERIOR

Vehicle For Hire License Application

Application Fee: \$150 for first vehicle, \$100 each additional (Vehicles added after January 1st = \$50 each)

- CHECK ONE:** Class I Taxicab equipped with taximeter
 Class II All other vehicles which charge for services on a time of use basis (not equipped with taximeters)

Corporate/Business Name		Trade Name (DBA)	
Business Email Address		Business Phone Number	
Physical Address	City	State	Zip
Mailing Address (if different from above)	City	State	Zip
Owner Name		Phone Number	
Address	City	State	Zip

Adding ____ vehicle(s), fleet number(s) _____ Removing ____ vehicle(s), fleet number(s) _____

TOTAL LICENSED VEHICLES: _____

CHECKLIST FOR ITEMS WHICH MUST BE SUBMITTED WITH THIS APPLICATION:

- Vehicle information sheet (see attached form)
- Copy/Proof of Valid Vehicle Registration
- Certificate of Liability Insurance (w/City Clerk listed as certificate holder)
- Certificate from ASE Certified Automobile Mechanic (see attached form)
- Schedule of Fees (rates of fares)

By signing below, I accept that my license is subject to revocation by the Common Council of the City of Superior—upon conviction of any of the provisions of City Ordinances regulating my business—and that my application fee will not be refunded if my application is denied for any reason.

Signature *Date*

Print Name

FOR OFFICE USE ONLY

Annual License Period: July 1, 20__ through June 30, 20__

Total Paid _____ Receipt No. _____ CC Mtg Date _____

Vehicle Inspection(s): Approved Denied

 Traffic Sgt. Signature

Issued? YES NO If yes, date issued _____

License Number(s)	Fleet Number(s)	Decal Number(s)

Reference: City Code Ch. 112-271, 112-291

Remit to CITY CLERK'S OFFICE with application fee made payable to City Treasurer.
 1316 N. 14th St. Room 200 • Superior, WI 54880 • (715) 395-7200

**CERTIFICATION OF AUTO MECHANIC
VEHICLES FOR HIRE LICENSE**

This form must be completed by Auto Mechanic.

Name of business that inspection was completed for:

Vehicle Information:

Make & Model _____ Year _____

VIN # _____ Plate # _____

I, _____, of _____,
Printed Name of Auto Mechanic *business name and address*

certify that I am an ASE (Automotive Service Excellence) certified automobile mechanic in the City of Superior, and that I have inspected the above vehicle on this _____ day of _____, 20____, and the vehicle complies with all applicable requirements of WI Statutes Chapter 347 and Chapter MVD, Wis. Administrative Code.

Signature of auto mechanic

VEHICLE INFORMATION SHEET

Fill in the information for every NEW fleet vehicle you are licensing for current licensing period.

<i>Cab Co. FLEET NUMBER</i>	<i>YEAR</i>	<i>MAKE & MODEL</i>	<i>PLATE NUMBER</i>	<i>VIN Number</i>	<i>PASSENGER CAPACITY <small>(Not including driver)</small></i>