



**CITY OF OSAGE BEACH
TAXICAB/LIMOUSINE
PERMIT APPLICATION**

Application Fee: \$50.00

Permit expires June 30

1. GENERAL INFORMATION

Application Date: _____

Applicant's Name: _____ Type of Business: _____

Business Name: _____ Business Phone: _____

Address: _____ E-mail address _____

Home Address _____

City: _____ State: _____ Zip: _____

Address for last five years _____

Name, address and telephone number of person(s) or owner directly in charge of business:

2. BUSINESS OWNERSHIP

Individual: _____ Partnership: _____ Corporation: _____

Individual: List name, date of birth, home address, business address, and citizenship.

Corporation: List name, date of birth, home address, business address, and citizenship of each officer.

Partnership: List name, date of birth, home address, business address, and citizenship of Partner.

Name: _____ Date of Birth: _____

Address: _____

City State Zip
Citizenship _____

Name: _____ Date of Birth: _____

Address: _____

City State Zip
Citizenship _____

3. Has anyone listed above been convicted of or plead guilty to violating any federal or state felony or misdemeanor law, or any provision of the Osage Beach Municipal Code or has ever had a driver's license, permit, taxicab, limousine or similar permit or vehicle registration or permit revoked or suspended?

4. Name and characteristic insignia to be used to designate the taxicabs of the applicant:

5. Attach a Certificate of Insurance for each vehicle and driver providing limits of not less than fifty thousand (\$50,000) for bodily injury to any one person and one hundred thousand dollars (\$100,000) for bodily injury in any one accident and fifty thousand dollars (\$50,000) for property damage. City of Osage Beach must be listed as an additional insured.

6. List any unpaid claims or unsatisfied judgments of the applicant or employees resulting from the negligent operation of a motor vehicle:

7. Indicate whether any permit issued by any municipality has been revoked: Yes No

8. List the number of taxicabs or vehicles for hire proposed to be operated: _____

9. Identification of each vehicle, make, model, vehicle identification number and registered owner:

10. Please complete the Driver Information page 3 for each driver.

STATE OF MISSOURI)
COUNTY OF CAMDEN) SS
CITY OF OSAGE BEACH)

I/We (please print) _____ being of lawful age and duly sworn upon my/our oath, do swear that the answers and information given in this application are true and complete to the best of my/our knowledge and belief.

Please print name

Signature of applicant

Subscribed and sworn to before me this ____ day of _____ 20 ____ .

Notary Public: _____

My commission expires:

**CITY OF OSAGE BEACH TAXICAB/LIMOUSINE
DRIVER INFORMATION**

Applicant Name _____

Application Date _____

Address _____

Date of Birth _____

Telephone _____

Applicant's address for last five years:

Driver's License Number _____ CDL License? Yes No

Business for which Applicant is driving _____

Address of Business _____

Telephone Number of Business _____

List any unpaid claims or unsatisfied judgements resulting from the negligent operation of a motor vehicle or other activity:

List past experience providing driver service in other communities, names of the service and period of time with the service:

Has any permit issued by any municipality been revoked? Yes No

If yes, state reason:

Signature

STATE OF MISSOURI)
COUNTY OF CAMDEN) ss
CITY OF OSAGE BEACH)

I (please print) _____ being of lawful age and duly swear upon my oath that the answers and information given in this application are true and complete to the best of my knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ 20 _____.

Notary Public:

My commission expires:
