

1. Name of Applicant and Business – Provide Additional Information in Item 9.
2. Business Address:
City,State,Zip:
Telephone Number(s):
Email Address:
3. Narrative Description of Operation (use separate sheet if necessary).
4. Days and Hours of Operation:
5. Description of Vehicle(s): Include vehicle license number and provide photo if availa

For-Hire Vehicle Permit Application
6. Description of Noise-Producing Device.
7. Description of Proposed Route(s)
8. Names of Employees (additional information required upon permit approval) Name:
Name:
Name:
Name:
ADDITIONAL INFORMATION REGARDING APPLICANT AND BUSINESS
9. Check the applicable box, and provide the information requested:
☐ Applicant is a Natural Person Applicant's Residence Address
Number Street

On a separate sheet, attach a list of the names and addresses of all members.

Telephone:_____

City

State

Zip

Number	Street		
City	State	Zip	
On a separate sheet, attach a l if any.	ist of the names and a	ddresses of all officers and	the local man
10. Has applicant or have any or violation of any municipal		been convicted of any crin	ne, misdemea
□Yes □No			
If yes, explain on a separate single penalty assessed.	heet, including the na	ture of the offense and the J	punishment a
11. Describe all previous exprequested. Use a separate she	<u> </u>	on of the type of vehicle for	r which a peri
12. Describe rates to be charg	ged, or □ check here a	nd attach a rate schedule.	
If granted a for-hire vehicle upon me by the City Counci and all amendments thereto	l in accordance with	· · · · · · · · · · · · · · · · · · ·	_
Signature of Applicant		Date	
Copy to: Public Works			
Planning			
Parks and Recreation Risk Manager			
For-Hire Vehicle Permit Appl	lication		

Information Regarding All Employees Who Will Be Driving For-Hire Vehicles

Applicant Name:	Name:	
Prior Name(s):	Prior Name(s):	
Address:	Address:	
Telephone:		
Social Security #:	Social Security #:	
Driver's License#:	Driver's License#:	
Date of Birth:	Date of Birth:	
Place of Birth:	Place of Birth:	
Name:	Name:	
Prior Name(s):	Prior Name(s):	
Address:	Address:	
Telephone:		
Social Security#:	Social Security#:	
Driver's License #:	Driver's License #:	
Date of Birth:	Date of Birth:	
Place of Birth:	Place of Birth:	
Has any employee listed ever been convicted	ed of a crime?	
□Yes □No		
If yes, explain on a separate sheet.		
	Signature of Applicant	Date