



City of Onalaska Taxicab License

Phone: (608) 781-9530 • Fax: (608) 781-9534

415 Main St. Onalaska, WI 54650

City Clerk: dq-cityclerk@onalaskawi.gov
<http://www.cityofonalaska.com>

FEE: \$125.00

License #:

Permit Type: Taxicab License Application
License Period Runs from July 1st through June 30th

BUSINESS INFORMATION

FEES ARE NON REFUNDABLE / NON TRANSFERBLE

Business Name <i>(Real/Legal)</i>	
Trade Name <i>(DBA)</i>	
Address	
Telephone	Email Address:
Wisconsin Seller Permit No. <i>Required if vehicles are leased to</i>	

OWNER INFORMATION

Owner(s) Name <i>(First, Full Middle, Last)</i>	
Owner(s) Date of Birth	Email Address:
Home Address	
Telephone	<i>Home</i> <i>Cell</i>

INSURANCE INFORMATION

Insurance Carrier	
Address	
Policy #:	

ATTACH A **CERTIFICATE OF INSURANCE** INDICATING THE INSURANCE CARRIER, INSURED, POLICY NUMBER, POLICY LIMITS AND DURATION OF THE POLICY. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE OF INSURANCE. **The policy must be endorsed naming the City of Onalaska as Additional Insured and said endorsement page must accompany the certificate.**

RATE INFORMATION

Method of Charging	Metered Rates ___	Zone Rates ___	Vehicle Rental Rate ___
Schedule of Rates <i>(or attach Schedule to be posted the vehicles)</i>			

VEHICLE INFORMATION

Number of Vehicles to be Licensed:			
VEHICLE ID NUMBER	YEAR, MAKE & MODEL	CAPACITY <i>(incl. driver)</i>	STATE & LICENSE NO

VEHICLE ID NUMBER	YEAR, MAKE & MODEL	CAPACITY <i>(incl. driver)</i>	STATE & LICENSE NO

*vehicles with capacities of 16 or greater that have both a valid USDOT and MC number are exempt.

_____ ATTACH ORIGINAL CERTIFICATE OF INSPECTION FOR EACH VEHICLE certifying that the vehicle to be used for hire is in good mechanical condition. The inspection and certificate must be completed by an A.S.E. Certified Technician.

_____ ATTACH A **CERTIFICATE OF INSURANCE.** Policy coverage must be at a minimum of One Hundred Thousand Dollars (\$100,000.00) for damage to property, One Hundred Thousand Dollars (\$100,000.00) for injury to one (1) person, and Three Hundred Thousand Dollars (\$300,000.00) for injury to more than one (1) person. The insured vehicles shall be identified on the certificate by Make, Model and VIN. Said policy must be endorsed naming the City of Onalaska as additional insured. Said endorsement MUST accompany the Certificate of Insurance at the time of filing. *Note: A statement of additional insured on the certificate is not acceptable; we must receive the endorsement page.*

_____ ATTACH A PHOTOCOPY of the receipted bill from the insurance company issuing the policy showing the policy has been paid for one (1) year and has been paid in full.

_____ ENCLOSE payment in the amount of \$125.00 by **no later than May 15th.**

Do you have any delinquent taxes, assessments or other claims in whole or in part owed to the City of Onalaska: <p style="text-align: center;">_____ Yes _____ No</p>
Make checks payable to the CITY OF ONALASKA. Return your application and remittance fee to: <p style="text-align: center;">City of Onalaska City Clerk 415 Main St. Onalaska, WI 54650</p>

The undersigned hereby applies for a Taxicab License in accordance with the requirements of 7.03.61 of the City of Onalaska Code of Ordinances.

I hereby attest that the information contained in this application is true and correct. I am aware that withholding information or making false statements on this application will be basis for denial/revocation of license. I further certify that the above automobile(s) was inspected by an A.S.E. certified technician and will be kept in good mechanical condition at all times and will comply with the laws of the State of Wisconsin and the provisions of the Municipal Code of Ordinances of the City of Onalaska.

SIGNATURE OF APPLICANT _____ DATE _____

Approved By City Clerk:	Date Approved:
Approved by Police Chief:	Date Approved:

CERTIFICATE OF INSPECTION FOR CITY OF ONALASKA

NAME OF BUSINESS _____

VEHICLE MAKE _____ MODEL _____ YEAR _____

VIN _____

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (<i>incl. cover and aim</i>) _____	_____	_____	_____
Parking Lamps _____	_____	_____	_____
Directional Lamps _____	_____	_____	_____
Flashing Warning Lamps _____	_____	_____	_____
Side Marker Lamps/Reflectors _____	_____	_____	_____
Tail Lamps (<i>incl. cover</i>) _____	_____	_____	_____
Back Up Lamps _____	_____	_____	_____
Brake Lamps _____	_____	_____	_____
Steering System _____	_____	_____	_____
Hood & Trunk Latches _____	_____	_____	_____
Emission/Exhaust System _____	_____	_____	_____
Tires (<i>incl. spare & jack</i>) _____ <small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small>	_____	_____	_____
Windshield (<i>incl. wipers & washers</i>) _____	_____	_____	_____
Windows (<i>side, rear</i>) _____	_____	_____	_____
Windshield _____	_____	_____	_____
Defroster Horn _____	_____	_____	_____
Mirrors _____	_____	_____	_____
Speed Indicator _____	_____	_____	_____
Restraining Devices & Seats _____	_____	_____	_____
Brakes (<i>incl. parking brake</i>) _____	_____	_____	_____
Heater _____	_____	_____	_____
Air Conditioning _____	_____	_____	_____
Door Handles (<i>interior & exterior</i>) _____	_____	_____	_____

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician: Signature: _____ Printed Name: _____

Business: _____ Address: _____ Date: _____

Per Sec. 7.03.61.E.1, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk an original certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

Rev. 2/2021