

**City of Olathe
Taxi Company Application**



Name of Company: _____ Email: _____

Company Address: _____
Street City State Zip Code

Name, residential/business address, sex, date of birth and citizenship status of all member officers and directors of the firm, corporation or partnership: (Attach additional sheets if needed.)

Name: _____

Address: _____
Street City State Zip Code

Telephone Number (s): _____

Sex: _____ Date of Birth: _____

Is applicant a citizen of the United States? _____

Has applicant or any persons interested in the license ever been convicted of a violation of any federal, state law, or municipal law? If yes, please explain:

Has applicant ever had any license revoked for any reason? If yes, please explain:

Number of proposed taxi cabs to be operated: _____

Description of vehicles to be operated (year, make, model, and vehicle registration information). Provide color scheme, name and insignia to be displayed on the vehicles:

Attach certificate of insurance listing each vehicle covered (\$350,000 for company not participating in the City of Olathe's Taxi Coupon Program; \$500,000 for companies participating in the Taxi Coupon Program.

Will applicant be participating in the Taxi Coupon Program? _____

Signature of Applicant:

Date of Signature:
