

III. INFORMATION ABOUT THE CORPORATION WHICH OWNS THE TAXI SERVICE:

- | | | | |
|----|-------------------------|------------|-----------|
| | | <u>YES</u> | <u>NO</u> |
| a) | IS THE CORPORATION: | | |
| | Owned Individually? | ___ | ___ |
| | Owned as a Partnership? | ___ | ___ |
| | Owned as a Corporation? | ___ | ___ |
- b) CORP. NAME: _____
- c) CORP. ADDRESS: _____
-
- d) CORP. PHONE & AREA CODE: _____

e) LIST ALL PERSONS HOLDING AT LEAST A TEN PERCENT (10%) BENEFICIAL INTEREST IN THE CORPORATION WHICH OWNES THE TAXI COMPANY:

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: Failure to disclose such interest holders shall be grounds for the denial of the application and the immediate revocation of any existing permits by any permittee.

IV. INSURANCE:

- a) The following items must be attached to this application:
- 1) A receipt for the fully paid insurance policy required by the Taxi Ordinance, Sec 116.27.
 - 2) A documented list specifying which individual vehicles are covered by said insurance policy.
- b) Name of Insurance Provider: _____
- c) Policy's general liability coverage amount: _____
- d) Policy Effective Date: _____
- e) Policy Expiration Date: _____

V. TAXI SERVICE OPERATION INFORMATION:

a) Will applicant’s taxi service company operate 24 hours per day, 7 days per week?
_____ **YES** _____ **NO**

b) Type and amount of communication equipment to be used (please specify which pieces of equipment, and how many of each, are to be placed in each vehicle):

c) Does the applicant intend to own or lease at least three (3) taxicabs for use in the taxi business?
_____ **YES** _____ **NO**

d) Number of permits being requested through this application:

e) Attached must be:

- 1) Completed “Vehicle Information” form.
- 2) If the applicant is applying for a permit renewal, proof of inspection of all vehicles by the City’s designated inspector (Director of Weights & Measures).

VI. OATH AND NOTARIZED SIGNATURE:

I certify the above information supplied by me is true and complete to the best of my knowledge and that I have read and will comply with the Taxi Ordinance, Fort Wayne City Code, Chapter 116, and the rules and regulations of the Board of Public Safety.

APPLICANT SIGNATURE:

STATE OF INDIANA,)
) SS:
COUNTY OF ALLEN)

Before me, this _____ day of _____, 20____,
appeared _____ and being duly
sworn upon his/her oath, stated that all of the answers made herein are true to the best of
his/her knowledge and belief.

NOTORY PUBLIC

MY COMMISSION EXPIRES

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Please mail or bring the completed application, **with required documentation**, to:

Director of Weights and Measures
Fort Wayne Board of Public Safety
1903 Saint Marys Avenue
Fort Wayne, IN 46808

VEHICLE INFORMATION FORM

NAME OF TAXI SERVICE: _____

DESCRIBE TAXI TRADE NAME & COLOR SCHEME UNDER WHICH YOU INTEND TO OPERATE: _____

MAKE/MODEL/YEAR/COLOR	VEHICLE IDENTIFICATION NUMBER	
INDIANA LICENSE	TAXI LICENSE	SEATING

MAKE/MODEL/YEAR/COLOR	VEHICLE IDENTIFICATION NUMBER	
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