



CITY OF RIVER FALLS
TAXICAB/PUBLIC CONVEYANCE LICENSE APPLICATION

Fee: \$50.00 - Initial vehicle
\$10.00 - Additional Vehicle

I HEARBY MAKE APPLICATION TO THE CITY OF RIVER FALLS TO OPERATE A TAXICAB/PUBLIC CONVEYANCE IN THE CITY OF RIVER FALLS DURING THE YEAR JULY 1, \_\_\_\_ TO JUNE 30, \_\_\_\_.

Name of Applicant \_\_\_\_\_

Firm Name \_\_\_\_\_

Address of Firm \_\_\_\_\_

Address of Business \_\_\_\_\_

(River Falls Branch)

River Falls Phone Number \_\_\_\_\_

Type: Individually Owned \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

IF PARTNERSHIP, NAMES, ADDRESSES AND PHONE NUMBERS OF PARTNERS:

Name, Address and Phone Number \_\_\_\_\_

Name, Address and Phone Number \_\_\_\_\_

IF CORPORATION, NAME, ADDRESSES, AND PHONE NUMBERS OF PRINCIPAL OFFICERS:

President Name, Address, and Phone \_\_\_\_\_

Vice President Name, Address, and Phone \_\_\_\_\_

Secretary Name, Address, and Phone \_\_\_\_\_

Treasurer Name, Address, and Phone \_\_\_\_\_

Make and Year of Vehicle \_\_\_\_\_

Engine Number \_\_\_\_\_ Factory Number \_\_\_\_\_

Capacity for Passengers \_\_\_\_\_ Certificate of Title Number \_\_\_\_\_

Current License Plate Number \_\_\_\_\_

Has Vehicle Passed a Safety Inspection in The Last Year \_\_\_\_\_ When \_\_\_\_\_

Who Performed Inspection \_\_\_\_\_

Signature and Title of Applicant \_\_\_\_\_

Date \_\_\_\_\_

For Office Use: Customer# Bill # Payor:

**Taxicab/Public Conveyance Application**  
**\$10.00 - Additional Vehicle**

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