



TAXICAB OR OTHER PRIVATE FOR-HIRE VEHICLE PERMIT APPLICATION

Please read the "INSTRUCTIONS" (attached) and the entire five-page application before filling out.
Incomplete or photocopied applications will not be accepted for processing.

PART 1 – PERMIT APPLICANT

- 1.1 **Are you applying for:** ☐ New Permit
- 1.2 **The permit applicant is:** ☐ An Individual ☐ A Partnership ☐ A Corporation/LLC
- 1.3 **Type of permit and quantity:** ☐/___ Taxicab ☐/___ Non-emergency Medical
☐/___ Charter ☐/___ Jitney ☐/___ Sightseeing ☐/___ Low-Speed Vehicle
- 1.4 **Full Name of Applicant(s):** _____
Sole Proprietor/Individual (**Last Name, First Name**)/Partnership/Corporation or LLC Name
- If the applicant is an LLC, partnership, or corporation, please list the name(s) and title(s) of all partners or principal officers/LLC members and attach a supplemental Individual Background Information form for each. The name of the individual who will be representing the partnership or corporation (contact person) for the purposes of this application should be listed first.
- | Last Name | First Name | Middle Name |
|-----------|------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- 1.5 **Proposed Business Name (DBA):** _____
- 1.6 **Business Address:** _____
Street
- | City | State | Zip |
|-------|-------|-------|
| _____ | _____ | _____ |
- 1.7 **Business Telephone:** _____ **Cell Phone:** _____
(Include Area Code) (Include Area Code)
- 1.8 **E-mail Address (MANDATORY):** _____
- 1.9 **(Taxicab Only) List the dispatch you are proposing to use:** _____



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PART 2 – PROPOSED BUSINESS RATES

2.1 Rates of Fare:

- A. **Charter** (prearranged written contract): \$ _____ Per Mile or \$ _____ Per Hour
- B. **Jitney** (per capita) Route Number _____ \$ _____ Per Person
- C. **Non-emergency Medical** (per person plus mileage)
- a. Exclusive Ride \$ _____ Per Person, Plus \$ _____ Per Mile
- b. Shared Ride \$ _____ Per Person, Plus \$ _____ Per Mile
- c. – OR - \$ _____ Per Capita, Plus \$ _____ Per Mile

PART 3 - INDIVIDUAL BACKGROUND

- 3.1 Have you ever been convicted of a felony or misdemeanor, including any charges that were dismissed after completion of probation?

☐ Yes ☐ No

If yes, list all convictions, dates, and places:

Conviction: _____ Date: _____ City: _____

- 3.2 Has any court or administrative agency ever determined that you violated any statute, ordinance, or regulation involving the operation or licensing of a taxicab or for-hire vehicle?

☐ Yes ☐ No

If yes, list all convictions and administrative actions, dates, and places:

Conviction/Administrative Action: _____ Date: _____ City: _____

IN SIGNING THIS APPLICATION, I AM STATING THAT:

I am the individual whose name appears on line 1.4 of this application. All of the statements and answers submitted in this application are complete and true to the best of my knowledge. I understand that any false information submitted in this application will result in denial of the application, and may also result in suspension or revocation of any other MTS permits issued to me. I am familiar with and agree to abide by all statutes, ordinances, and regulations governing the operation of a taxicab and other for-hire vehicle. I further acknowledge **ALL** MTS Administrative fees, including Annual Regulatory and Permit Application fees are non-refundable.

Applicant Signature Date MTS Staff Signature Date