



CITY OF MIDWEST CITY
APPLICATION FOR TAXI COMPANIES

PERMIT #: _____

CLERK: _____

DATE: _____

NAME OF ESTABLISHMENT: _____

DBA: _____

ADDRESS OF ESTABLISHMENT: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF OWNERSHIP: _____

BUSINESS TELEPHONE NUMBER: _____

EMERGENCY PHONE: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

FEDERAL TAX ID NUMBER: _____

.....
OWNER OF VEHICLE(S): NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EXPERIENCE IN FIELD: _____

FINANCIAL STATUS: _____

(LIENS AND JUDGEMENTS)

NUMBER OF VEHICLES TO BE OPERATED: _____

PHYSICAL CONDITION OF TAXICAB(S): _____

NOTE: Attach schedule of passenger fares to be charged.

Accompany this application with your State Certificate of Title upon the automobiles to be operated. A policy of insurance by an insurance company authorized to do business in Oklahoma, must accompany this application. Liability coverage of at least, \$100,000 – \$300,000 - \$50,000 must be carried for every vehicle. (See Midwest City Code section 41-27 for details.)

AGREEMENT

This is to certify that I (we) _____

Agree to operate _____ taxicab(s) within the City of Midwest City, according to City requirements and during the term of this certificate, and the schedule of passenger fares to be charged attached hereto, during the time the Certificate issued by the City of Midwest City shall remain in effect.

STATE OF OKLAHOMA)
 SS.
COUNTY OF OKLAHOMA)

_____ of lawful age and being first duly sworn, on my oath do hereby state: That I am the applicant or one of the applicants above named, that I have read the above and foregoing Certificate for Operation of Taxicabs, know the contents thereof, and that statements therein contained are true and correct.

(Signature)

Subscribed and sworn to before me this _____ day of _____ of 20_____.

(Notary Public)

My commission expires _____.