



INSTRUCTIONS FOR OBTAINING A VEHICLES FOR HIRE LICENSE

- Complete the City of Eau Claire VEHICLES FOR HIRE license application. Each person listed on the application must complete an Auxiliary Questionnaire.
- Pay license fee (charges are per vehicle). The license period is July 1 to June 30. Fees are not prorated and are non-refundable.
- Submit form with attachments and payment to:
 - Paperwork: licensing@eauclairewi.gov
 - Payment: www.eauclairewi.gov/payment
 - Mail: City of EC, PO Box 909, EC, WI 54702
 - Phone: 715-839-4923 - payment
 - Drop box: 203 S. Farwell St., EC, WI 54701
- Provide Certificate of Liability Insurance, email to licensing@eauclairewi.gov
 - \$250,000 for any one person injured or killed
 - \$500,000 for more than one person injured or killed
 - \$100,000 for injury or destruction of property
- Upon approval of the background check your license will be mailed

Important Reminders

- All drivers for the company must have a Taxicab Driver license, including the company owner if they are a driver.
- Review the attached City of Eau Claire Code of Ordinances pertaining to Vehicles For Hire.
- You will receive a renewal notice prior to the expiration of your license. However, failure to receive a renewal notice does not excuse your responsibility to renew your license before the expiration date. Please renew at least two weeks prior to the expiration date in order to provide time for the annual background check to be completed.

For questions
Phone 715-839-4923 or
Email licensing@eauclairewi.gov



VEHICLES FOR HIRE LICENSE APPLICATION

FEE: \$41.00 PER VEHICLE

(see instructions on reverse side)

A. SOLE PROPRIETOR (ONLY) COMPLETE THIS SECTION

Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle initial	Last Name
Home Address		City	State Zip

* Sole Proprietor must complete an Auxiliary Questionnaire

B. PARTNERSHIP (ONLY) COMPLETE THIS SECTION
FULL NAME OF EACH PARTNER

Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle initial	Last Name
Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle initial	Last Name

* Each Partner must complete an Auxiliary Questionnaire

C. CORPORATION or LIMITED LIABILITY (ONLY) COMPLETE THIS SECTION

Registered Name of Corporation

List all officers below (use additional paper if necessary)

First Name	Middle initial	Last Name	Title & Email address

* Each Officer must complete an Auxiliary Questionnaire

D. ALL APPLICANTS MUST COMPLETE THIS SECTION

Business Trade Name	Business Phone	Email address
Physical Address	City	Zip
Address where vehicles are stored (not allowed within city limits)	City	Zip

Continued on back of form

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Fee: \$41.00 per vehicle
Tran Code 1335
(Non-Refundable)
 Office use only

VEHICLES FOR HIRE LICENSE APPLICATION (continued)

Complete the following for any vehicle(s) used in your business (if needed use separate sheet):

Make	Model	Year	Color	Lic. Plate #	
VIN		Passenger Capacity		Horsepower	Number Years Driven
Make	Model	Year	Color	Lic. Plate #	
VIN		Passenger Capacity		Horsepower	Number Years Driven
Make	Model	Year	Color	Lic. Plate #	
VIN		Passenger Capacity		Horsepower	Number Years Driven
Make	Model	Year	Color	Lic. Plate #	
VIN		Passenger Capacity		Horsepower	Number Years Driven

APPLICANT'S STATEMENT

I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree, in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and the provisions of the Municipal Code of Ordinances of the City of Eau Claire.

Signature _____

Date ____/____/____

Email address: _____

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VEHICLES FOR HIRE LICENSE APPLICANTS AUXILIARY QUESTIONNAIRE

EACH PERSON LISTED ON THE LICENSE APPLICATION MUST COMPLETE THIS FORM

Drivers License or I.D.#		DL State	Email address	Phone No. () -	
Male <input type="checkbox"/>	First Name	Middle Initial	Last Name		
Female <input type="checkbox"/>					
Home Address			City	State	Zip
Mailing Address (if different from above)			City	State	Zip

1. Have you **EVER** been convicted of a felony, criminal violation, misdemeanor, ordinance violation, or have you ever been convicted of violating any other Federal, State, or local laws or ordinances of any municipality?
 * If you answered YES you must fill out the back of this form Yes No
2. Have you **EVER** changed your name? Yes No
 If yes, list other names you have had: _____
3. Are there any **CRIMINAL** charges **PRESENTLY PENDING** against you? Yes No
 * If you answered YES you must fill out the back of this form
4. How long have you continuously resided in Wisconsin prior to this date?

5. Employment history for the past two years:

PLEASE be advised that the Police Department will review and verify the information on your application. If any information is *omitted, incomplete, or incorrect* it is likely that the police department will reject your license application.

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Signature _____

Date ____/____/____

Email address _____

**VEHICLES FOR HIRE LICENSE APPLICANTS
AUXILIARY QUESTIONNAIRE
(continued)**

LIST ALL PAST VIOLATIONS

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

PENDING CHARGES

Date ___/___/___ Nature of Charge _____

Date ___/___/___ Nature of Charge _____

Date ___/___/___ Nature of Charge _____

Date ___/___/___ Nature of Charge _____

Date ___/___/___ Nature of Charge _____

Revised: 12/23