



VILLAGE OF WEST MILWAUKEE

4755 WEST BELOIT ROAD
 WEST MILWAUKEE, WI 53214
 TELEPHONE (414) 645-1530
 FAX (414) 671-8089
www.westmilwaukee.org

Office use only: License #2023/2024-_____

COMMON CARRIER APPLICATION
LICENSE PERIOD: JULY 1, 2023 THROUGH JUNE 30, 2024
(One vehicle per application form)

Fee \$100.00

Total Amount Paid \$_____ TR#_____

Must be completed and signed by the owner of the vehicle.

ANSWER ALL QUESTIONS FULLY AND COMPLETELY: **(PLEASE PRINT)**

- Individual Partnership Limited Liability Company Corporation/Non-Profit Organization

BUSINESS INFORMATION:

Full Name of Individual, Partnership, Corporation/Nonprofit Organization or Limited Liability Company:

Address of Individual, Partnership, Corporation/Nonprofit Organization or Limited Liability Company:

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax# _____ Cell Phone# _____ E-mail Address _____

Doing Business as (Name of business) _____ W. Milwaukee, WI (414) - _____

Business name (D/B/A) Business address Business Phone #

Owner Operator/Agent Name _____ Home Address _____ City _____ State _____ Zip _____

Phone # _____ Fax# _____ Cell Phone# _____ E-mail Address _____

APPLICANT PERSONAL INFORMATION:

Name of Applicant: _____

Address _____ First _____ Middle _____ Last _____
 City _____ State _____ Zip _____

Phone # _____ Cell# _____ E-Mail Address: _____

List all locations in West Milwaukee where the vehicle will be picking up and dropping off:

Business Name	Business Address	Contact Name	Phone

Vehicle Information

Make	Model	Year	Color	License Plate #	Number of seats/Capacity
Hours of operation _____			Vehicle will be used for _____		
Location vehicle will be _____		Parked during events	Stored	VIN#	

Provide information for all drivers of this vehicle: (A legible copy of each driver's license front and back side must be attached)

Driver #1 Name: _____
First Middle Last Class of Lic. Endorsement
Address _____ City _____ State _____ Zip _____
Phone # _____ Cell# _____ Driver's License Number: _____

Driver #2 Name: _____
First Middle Last Class of Lic. Endorsement
Address _____ City _____ State _____ Zip _____
Phone # _____ Cell# _____ Driver's License Number: _____

Driver #3 Name: _____
First Middle Last Class of Lic. Endorsement
Address _____ City _____ State _____ Zip _____
Phone # _____ Cell# _____ Driver's License Number: _____

Attach a copy of driver's licenses (front and back) for all drivers of this vehicle. A new legible copy must be submitted with every application.
Attach a copy of the insurance policy that covers this vehicle.
If more than one driver, you must attach copies of the DL's for each driver. Any vehicle that requires a CDL license, you must have drivers that have that class listed on their DL.

Applicant agrees to comply with and be bound by all laws, ordinances, rules, regulations and penalties covering the business for which the license(s) is applied for. Licenses expire on June 30, 2020.

Signature of Applicant of Vehicle Date

Police Department Recommendations: <input type="checkbox"/> Approve <input type="checkbox"/> Deny
By: _____ Date: _____ Police Chief or Designated Command Officer
Remarks: _____ _____ _____ _____