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 #20___/___-_____

COMMON CARRIER APPLICATION
LICENSE PERIOD: JULY 1, 20___ THROUGH JUNE 30, 20___
(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:_____
First Middle Last

Address_____ 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, 20___.

_____ _____
Signature of Applicant of Vehicle Date

Police Department Recommendations: ☐ Approve ☐ Deny

By:_____ Date:_____
Police Chief or Designated Command Officer

Remarks:_____