

City of Kansas City, Mo.
Neighborhoods and Housing Services Department
Regulated Industries Division
635 Woodland Ave., Suite 2101

Vehicles for Hire Permit Application

Kansas City, MO 64106
(816) 513-4561

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

ant's Name (Pe	rmit Holder):					
nce Address: _					Zip:	
Address:			Residence or Cell Phone:			
ss Name:			Phone Number:			
ss Address:						
indicate the typ	e of business	for which you are	proposing to operate:			
i Cab Business	[]I	ivery Business	[] Sightseeing	g Business	[] Pedicab Business	
w many vehicle	s will be part	of your business?				
			[]Corporation	[] Limited Liability Company		
	[] Pa	rtnership	[] Association			
ctors, and mana	agers of any c	orporation applyin		l of all princip	oal shareholders, officers,	
(First)		(Middle)	(Last)		(Daytime Phone)	
Residence						
	(Street)		(City)	(State)	(Zip Code)	
Business			(0:4)	(0(-1-)	(7' · C · 1 ·)	
	(Street)		(City)	(State)	(Zip Code)	
			(Last)		(Daytime Phone)	
` ,		, ,,	(,		(,	
Residence	(Street)		(City)	(State)	(Zip Code)	
Business						
	(Street)		(City)	(State)	(Zip Code)	
(First)		(Middle)	(Last)		(Daytime Phone)	
Residence				(State)	(Zip Code)	
	· /		(City)	(State)	(Zip Code)	
Business	(Street)		(City)	(State)	(Zip Code)	
	, ,		•	, ,		
		If Business is a	Corporation, Comple	te this Section	1	
ne of corporation	on:					
te of incorpora	tion:		Date of incorpor	ration:		
	Address:	Address:	Address:	Address:	wmany vehicles will be part of your business?	

•	List the name and title of all corporate officers (attach additional sheet if necessary)
	List the name with the number of shares and percentages held by each stockholder who holds 10% or more of the capital stock (attach additional sheet if needed):
	If Business is a Limited Liability Company , Complete this Section
	State of organization: Date of organization: (Attach copy of Certificate of Organization)
	List the names of all members and percentages of each LLC members interest.
	Additional disclosures when corporation or LLCs are members may be required
	Have you (applicant) or any members of any firm, association or partnership, or all principal shareholders, officers, directors and managers of any corporation applying, been convicted of a violation of any federal or state felony or, within the previous 12 months, have been convicted of violating any provision of this code or has ever had a certificate or permit issued under this article revoked or suspended? YES NO If yes, please explain:
	Do you (applicant) or any members of any firm, association or partnership, or all principal shareholders, officers, directors and managers of any corporation applying, have any unpaid claims or unsatisfied judgments for damages resulting from the negligent operation of a vehicle? YES NO If yes, please explain:

	irectors and managers of any corporation applying, had any such permit issued to you by any other city which has een revoked? YES NO If yes, list the details and circumstances of such revocation:							
13. Enclose a description of the proposed operations and include a schedule of the proposed fares for livery or sightsee Operation. If the application is for a taxicab permit, include the color scheme, name and characteristic insignia to used to designate the taxicabs (must be approved by the Director).								
14.	o you now or intend to employ any person who has been convicted of a felony? [] Yes [] No							
-	yes, give details:							
15.	o you rent or lease the premise? [] Yes [] No If yes, provide the following information:							
;	Landlord Name Phone Number							
1								
	Monthly rent or lease payment amount: \$							
(Term of rent or lease agreement:							
(Name and address of property owner (if different than above):							
I agı	the to report promptly any changes in the information provided with this application, and I understand that any and test of ownership or management and control of the business cannot occur prior to obtaining the approval of the Direct							
	Neighborhoods and Housing Services Department (NHSD).							
	norize and consent to the examination, by the Director of NHSD and/or authorized representatives, of my busing, bank accounts, and other records to verify the source of funds and terms under which this business is being purchased.							
	be to allow the Director of NHSD and/or authorized representatives to conduct necessary investigations into finances ossible criminal records at banks and police agencies respectively.							
seare Miss proc	at all times permit the entry of any officer or investigator who may have legal authority of the purpose of inspection in, and will permit the removal of all things and articles which may be in violation of the Ordinances of Kansas City, and the laws of the State of Missouri, and I do consent to the introduction in evidence of such articles in a sedings for the violation of any provision of the revised Vehicles For Hire ordinances of Kansas City, Missouri, and suspension or revocation of the license for which this application is made.							
	e familiarized myself with the provision of Chapters 70 and 76, Code of General Ordinances, City of Kansas City, our and agree to comply with these provisions in the conduct of this business.							
	, being of lawful age and duly sworn upon my oath, declar have read the application and fully understand same and that I know the contents thereof and the answers and nents contained therein and the same are true.							
	SIGNATURE OF APPLICANT DATE							

OFFICE USE ONLY – DO NOT WRITE IN SPACE BELOW

-		INVESTIGATOR		
Date Case Completed:				
Application recommended for:	[] Approval	[] Disapproval	Date:	
Reason(s) for recommendation of	disapproval of a	application / license (if any)		
Contingency and other items need				
		/		
License recommended for: []				
Regulated Industries Divis	ion investigator	•		
	INVE	STIGATIONS SUPERVI	SOR	
Application recommended for:	[] Approval	[] Disapproval	Date:	
License recommended for:	[] Approval	[] Disapproval	Date:	
Comments:				
Regulated Industries Division	· ·	•		
		ASSISTANT MANAGER		
Application recommended for:				
License recommended for:		[] Disapproval		
Comments:				
Regulated Industries Division	on assistant man	ager		
		MANAGER		
This application & license is hereb	у []Арр	proved [] Disapp	roved	
Comments:				
Regulated Industries Div	ision manager	Date		