CITY OF CLAYTON
10 N. BEMISTON AVE., CLAYTON, MISSOURI 63105

APPLICATION FOR TAXICAB STAND

This form is to be completed in accordance with the provisions of the Clayton City Code pertaining to taxicab stands (Section 355.070). Please print.

1. Company name: ________________________________

2. Address: ________________________________________________________________
   Street     City     State     Zip

   Is this the mailing address? If not, please provide.

   Mailing Address: _____________________________________________________________
   Street     City     State     Zip

3. Contact Person: ____________________________________________________________

4. Phone Number: ____________________ Email: _________________________________

5. License year in which you are applying for: July 1st, 20__ - June 30th, 20__

6. Number of permits applying for: ______ *limited to two (2) permits.
   1st permit fee is $400.00
   2nd permit fee is $800.00 (for a total of $1200.00 for two permits)

7. Taxicab color scheme: _____________________________________________________

8. Is applicant a ____ Partnership or ____ Corporation
   If a partnership, attach the names and addresses of all partners.
   If a corporation, attach the names and addresses of all officers and directors thereof.
9. Name in which the vehicles are owned: __________________________________________________________________________

10. Address of owner: _______________________________________________________________________________________________________

11. Name and address of company insuring the vehicles: __________________________________________________________________________

12. Please provide a copy of the insurance certificate ☐

13. Please provide a copy of the Taxicab Commission On-Call Taxicab permit ☐

CERTIFICATE OF APPLICANT  (read carefully before signing)

I certify that I have read and understand all the provisions of the ordinance pertaining to taxicab stands and that I have not willfully falsified an application for a permit under this ordinance or any similar ordinance in this state or any other state.

_________________________ __________________________
Signature                  Date

_________________________       
Printed Name                Title

Once the application has been approved and full payment has been received, your taxicab permit(s) will be issued. You have the option of having the permit(s) mailed to the address on the application or you can pick it up at Clayton City Hall once you have been notified it is ready.

_________________________________ 
By: ________________________________

Office Use Only

<table>
<thead>
<tr>
<th>Fee</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50.00 Application Fee</td>
<td>________</td>
</tr>
<tr>
<td>$400.00 First Permit</td>
<td>________</td>
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<tr>
<td>$800.00 Second Permit</td>
<td>________</td>
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<tr>
<td>Permit #(s) issued</td>
<td>________</td>
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</tbody>
</table>

By: ________________________________