ccl-199i (5/06)

City of Milwaukee

# CHANGE OF TAXICAB OWNERSHIP INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

**NO NEW TAXICAB PERMITS MAY BE ISSUED, EXCEPT UNDER EITHER OF THE FOLLOWING:**

1. When a permit holder applies to change his or her legal entity, such as by incorporating or forming a partnership; or
2. When a permit holder applies to transfer ownership of a permit to another person.

**LICENSE PERIOD:** December 1 through November 30 of odd-numbered years.

**FEE**: $150 per application. Fee must accompany application. Make check payable to: **CITY OF MILWAUKEE**.

**APPLICATION**: Applications must be filled out completely, and returned to: City Hall, License Division, 200 E. Wells Street, Room 105, Milwaukee, WI 53202.

The applicant shall submit with the application the following attached documents:

☐ "Notice of Taxicab Sale," completed and notarized from the current permit holder.

☐ "Letter of Intent," outlining the applicant's intent to purchase a proper vehicle and provide the proper amounts of liability insurance to satisfy all the requirements of ch. 100, Milwaukee Code of Ordinances.

☐ Corporations/Limited Liability Company applicants must also submit a "Statement of Stock Ownership".

**SIGNATURES:** Notarized signatures of the individual, all partners, the Agent, President & Secretary of a corporation or the agent and all members of a limited liability company are required.

**FINGERPRINTS:** Each person named on the application, including stockholders of a corporation or LLC owning 20% or more stock, shall be fingerprinted by the Police Department at 951 N. James Lovell St. (7th St), Room 305.

**REQUIREMENTS**: Permit holders are responsible for complying with all relevant provisions of ch. 100 of the Milwaukee Code of Ordinances, including requirements relating to every driver of a public passenger vehicle obtaining a City of Milwaukee Public Passenger Vehicle Driver's license. Applications for this license can be obtained from the License Division.

**GRANTING**: Applications will be referred to the Public Safety Committee for its recommendation to the Common Council.

**ISSUANCE:** Prior to the issuance of a permit to the new permit holder, the holder of the existing permit shall surrender the permit to the License Division.

**TERMINATION**: Permit holders have 60 days from the date their permits are granted to comply with all requirements relating to placing their vehicles into service.

If any permit holder fails to place his or her vehicle into service within the 60-day period, the permit is permanently terminated pursuant to ch. 100, MCO, provisions.

**ADDITIONAL INFORMATION:** Ordinances relating to taxicab regulations are located in ch. 100, Milwaukee Code of Ordinances, and are available online at www.milwaukee.gov/ordinances and for purchase from the Legislative Reference Bureau in City Hall, Room B-11.

ccl-199j (5/06)

City of Milwaukee

# PUBLIC PASSENGER VEHICLE PERMIT APPLICATION: CHANGE OF TAXICAB OWNERSHIP

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Check one: ☐ Individual or ☐ Partnership (Fill out Sections A, B, & D)
☐ Corporation or LLC (Fill out Sections B, C, & D)

| | | |
|---|---|---|
| A | **INDIVIDUAL OR PARTNERSHIP:**<br>Full Name (Last, First & Middle Initial) | Full Name (Last, First & Middle Initial) |
| | Home Address (include City, State, Zip Code): | Home Address (include City, State, Zip Code): |
| | Home City, State, Zip Code: | Home City, State, Zip Code: |
| | Home Phone Number: ( ) - | Home Phone Number: ( ) - |
| | Date of Birth: | Date of Birth: |
| B | Check (√) box to indicate whether you are affiliated with any of the following entities, or are an independent operator.<br>☐ All City Veteran Taxi ☐ Brew City Cab Cooperative ☐ American United Cab Company, Inc.<br>☐ Yellow Cab Co-op ☐ Mitchell International Taxicab ☐ Independent | |
| | Do you have a radio dispatch service? ☐ Yes ☐ No<br>If yes, with whom? _____<br>If no, doing business as: _____<br>Mailing Address (if different from above address): | |
| C | **Full Name of corporation or limited liability company:** | |
| | *Agent:* | |
| | Full Name (Last, First & Middle Initial): | Home Address (include City, State & Zip Code): |
| | Home Phone Number: ( ) - | Date of Birth: |
| | *President/Member* | *Vice President/Member* |
| | Full Name (Last, First & Middle Initial): | Full Name (Last, First & Middle Initial): |
| | Home Street Address: | Home Street Address: |
| | Home City, State, Zip Code: | Home City, State, Zip Code: |
| | Home Phone Number: ( ) - | Home Phone Number: ( ) - |
| | Date of Birth: | Date of Birth: |
| | *Secretary/Member* | *Treasurer/Member* |
| | Full Name (Last, First & Middle Initial): | Full Name (Last, First & Middle Initial): |
| | Home Address (include City, State, Zip Code): | Home Address (include City, State, Zip Code): |
| | Home City, State, Zip Code: | Home City, State, Zip Code: |
| | Home Phone Number: ( ) - | Home Phone Number: ( ) - |

**OVER**

| | | |
|---|---|---|
| | Date of Birth: | Date of Birth: |
| D | Location where vehicles are stored: | |
| | How many vehicles will be used in this business?<br>(A separate application must be filled out for each vehicle.) | |
| | Permit Number being applied for: | |
| | Has anyone named on this application been convicted of violating any federal or state laws or local ordinances? ☐ Yes ☐ No If yes, list name of person(s), date, charge, and penalty:<br>_____<br>_____<br>_____<br>_____ | |

The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

The undersigned understands that this application does not entitle the applicants to a license and that granting of the licenses is solely in discretion of the Common Council.

I have knowledge of the City Ordinances currently regulating the license applied for herein; understand that the permit may be subject to suspension, non-renewal or revocation if I violate any rule or regulation relating to public passenger vehicles; and, being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

**I UNDERSTAND THAT IF THIS PERMIT IS GRANTED, I MUST MEET ALL REQUIREMENTS AND PUT MY VEHICLE INTO SERVICE WITHIN 60 DAYS OR THE PERMIT WILL BE PERMANENTLY TERMINATED.**

Note: If application is recommended for approval and granted, issuance will be held until the prior owner's permit is surrendered to the License Division.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____,20_____

_____
Individual/Agt. of Corp. or LLC/Partner

_____
Notary Public, State of Wisconsin

_____
President of Corp/Member of LLC/Partner

My commission expires_____

_____
Secretary of Corp/Add'l Members/Partners

**Office Use Only:**

**Initials:**_____ **Filed:**_____ **Transaction #:** _____

**Permit #:**_____ **Granted:**_____ **Issued:** _____

# STATEMENT OF STOCK OWNERSHIP – VEHICLE LICENSES

ccl-199h (7/03)

This statement is required of all Corporations or Limited Liability Companies applying for a Vehicle License in the City of Milwaukee. All persons who individually own 10% or more of the Corporation's/LLC's total or voting stock, or proxies for that amount of stock, together with the amount of stock and/or proxies held by each such person or persons, must be listed below.

Name of Corp or LLC_____

Corp or LLC Address_____ City, State & Zip_____

**STOCKHOLDERS**

| Full Name (First, Middle & Last) | Home Address (Not business or office) | City, State, & Zip | Date of Birth | Percentage of Shares Held |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(if more space is required, attach additional sheets)

**We understand that transfers of stock must be reported to the City Clerk within 48 hours after such transfer.**

Subscribed and sworn to before me this

_____day of _____,20____

_____
Notary Public, State of Wisconsin

My Commission Expires _____

_____
Signature of Agent

_____
Signature of President/Member of LLC

_____
Signature of Secretary/Member

**NOTE: A penalty is provided for submitting false statements or affidavits – Per the Milwaukee Code of Ordinances.**

# CITY OF MILWAUKEE
# NOTICE OF TAXICAB SALE

ccl-199e (11/03)

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

I _____ am hereby formally informing the City of
(Permit Holder)
Milwaukee that I have agreed to sell my Taxicab business, consisting of the following permit

number: _____ to _____.
(Buyer)

I understand that prior to the issuance of the permit to this applicant, I must surrender my permit to the

License Division and give up any future rights or claims to this permit.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

Signature of Permit Holder:

_____day of _____,20_____

_____
(Individual/Agent of Corp. or LLC/Partner)

_____
Notary Public, State of Wisconsin

_____
(President of Corp./Member of LLC/Partner)

My commission expires_____

_____
(Secretary of Corp./Add'l Members/Partners)

**********

**OFFICE USE ONLY**

PERMIT TRANSACTION NUMBER _____

PERMIT TURNED IN AT THIS TIME: YES ☐ NO ☐

DATE THIS PERMIT TURNED IN: _____

City of Milwaukee

# PUBLIC PASSENGER VEHICLE LETTER OF INTENT

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV
WWW.MILWAUKEE.GOV/LICENSE

TO: PUBLIC SAFETY COMMITTEE

I, _____, do hereby state that in the event that I
PRINT NAME OF APPLICANT

am granted a public passenger vehicle permit for the following service:

(Check √ one)

☐ Taxicab ☐ Horse and Surrey ☐ Luxury Limousine

☐ Pedicab ☐ Shuttle Vehicle ☐ Handicapped-Elderly Vehicle

☐ Motorcycle with Sidecar

I intend to perform all of the following:

(a) Purchase a proper vehicle. In the case of luxury limousine, a vehicle must meet either the stretched limousine or executive sedan classification definition pursuant to s. 100-3-11, MCO; and

(b) Secure the proper amount of automobile liability insurance pursuant to s. 100-53-1, MCO; and

(c) Satisfy all other requirements of ch. 100, MCO.

Signature of Applicant: _____

Print Name as signed above: _____

SUBSCRIBED AND SWORN TO BEFORE ME:

This ____ day of _____, 20 ____

_____
Notary Public, State of Wisconsin

My commission expires: _____

- - - -