Vehicle for Hire: Business License Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Renewal** | | | | |  | | | **New Application** | | | | | | For Year: 20\_\_\_\_ | | | | | | | | | | | | | |
| **License Type:** | | | | | | | Taxicab  Passenger Service  Limousine  Wheelchair Trans.  Bus (fixed route)  Vehicle | | | | | | | | | | | | | | | | | | | | | |
| **BUSINESS INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Name (as it will appear on license): | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| Business Address: | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| Business Phone: | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| SD Sales Tax Number: | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |  | | **Verified by Licensing Specialist** | | | |
| Federal EIN (Fenderal Employer Identification Number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To obtain more information about this, please go online: [www.ein-gov.us](http://www.ein-gov.us). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If business is a partnership or corporation, please provide name and address of each partner/officer: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | Address: | | | | |  | | | | | | | |
| **APPLICANT/OWNER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | |  | | | | | | | | | | | | | | | | | | | | Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Home Address | | | | |  | | | | | | | | | | | | | | | | | | | | Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| City, State, ZIP | | | |  | | | | | | | | | | | | | | | | | | | | | Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Have you lived at current address for more than 5 years? Yes No  If not, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| If not, please list all addresses that you have lived during the last 5 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is applicant also the contact person? | | | | | | | | | | Yes | | | No | | | If not, who is the contact person for this application: | | | | | | | | | | | | | | |
| Contact Name: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | Address: | |  | | | | | | | | | |
| Home Phone/Cell Phone: | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous experience in motor vehicle transportation business: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A general statement of reason supporting the granting of the application: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location (address) from which the vehicles will operate or be parked when not in operation: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | **If the parking address is your home address, you must obtain a Home Occupation Permit from the City Zoning Department.** | | | | | | | | | | | | | | | |
| Number of vehicles proposed to be operated: | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  | | | | | | |  | | | |

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| **VEHICLES TO BE OPERATED** | | | | | | | | | |
| **THIS SECTION TO BE COMPLETED BY THE COMPANY OWNER** | | | | | | | **TO BE COMPLETED BY CITY** | | | |
| Year | Make/Model | Commercial License Plate # | # of Passengers | Is the vehicle equipped with a Taximeter? | | | Vehicle Inspection form attached | Insurance Card Attached | VFH Tag # | |
|  |  |  |  | Yes | No | |  |  |  | |
|  |  |  |  | Yes | | No |  |  |  | |
|  |  |  |  | Yes | | No |  |  |  | |
|  |  |  |  | Yes | | No |  |  |  | |
|  |  |  |  | Yes | | No |  |  |  | |
|  |  |  |  | Yes | | No |  |  |  | |
|  |  |  |  | Yes | | No |  |  |  | |
|  |  |  |  | Yes | | No |  |  |  | |
|  |  |  |  | Yes | | No |  |  |  | |
|  |  |  |  | Yes | | No |  |  |  | |
|  |  |  |  | Yes | | No |  |  |  | |
|  |  |  |  | Yes | | No |  |  |  | |
|  |  |  |  | Yes | | No |  |  |  | |
|  |  |  |  | Yes | | No |  |  |  | |
|  |  |  |  | Yes | | No |  |  |  | |

If additional room is needed, use reverse side of application form.

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| **List below additional vehicle operators’ names, contact information.**  *Ordinance Sec. 124.060 states it shall be unlawful for any driver or for any business to permit a driver to operate a vehicle for hire for the conveyance of passengers without first obtaining a license as the driver.* | | | | | |
| **NAME** | **ADDRESS** | **CELL PHONE** | **IS THIS DRIVER AN EMPLOYEE?** | | **TO BE COMPLETED BY CITY**  **Valid License per PD** |
|  |  |  | Yes | No |  |
|  |  |  | Yes | No |  |
|  |  |  | Yes | No |  |
|  |  |  | Yes | No |  |
|  |  |  | Yes | No |  |
|  |  |  | Yes | No |  |
|  |  |  | Yes | No |  |
|  |  |  | Yes | No |  |
|  |  |  | Yes | No |  |
|  |  |  | Yes | No |  |

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| --- |
| **INSURANCE INFORMATION** |
| Insurance Agent’s Name and Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agent’s Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agent’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_ I must provide a Certificate of Liability Insurance (the certificate must be issued in the business name & the City of**  Initials **Sioux Falls must be listed as Certificate Holder)** |
| Do you have an Alcoholic Beverage Carrier’s License issued by the South Dakota Department of Revenue?  Yes  No If yes, the license number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please read the following statements and initial each to indicate that you have read and understand them.**

\_\_\_\_\_ The Vehicle for Hire business license fee is not refundable.

Initials

\_\_\_\_\_ The Vehicle for Hire decals are self-adhesive and must be permanently affixed to the assigned vehicle.

Initials

\_\_\_\_\_ The Vehicle for Hire decals cannot be transferred between vehicles.

Initials

|  |  |
| --- | --- |
| **My signature certifies that the information provided on this application is true and correct and I agree to update any information within two business days in which a change occurs.**  **X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| Applicant’s Signature Date | |
|  | |
| **TO BE COMPLETED BY CITY OF SIOUX FALLS** | |
| A fee of $\_\_\_\_\_\_\_\_ ($50 for 1st vehicle; $25 for each additional vehicle) has been paid to the City of Sioux Falls as recorded on:  Receipt # \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ | Approved by Zoning via email on \_\_\_\_\_\_\_\_ |
| **Submit completed application to:**  Jamie L. Palmer, Licensing Specialist, Licensing Office, PO Box 7402, Sioux Falls SD 57117  Contact Info: [jpalmer@siouxfalls.org](mailto:jpalmer@siouxfalls.org) or (605) 367-8082  **Items to be submitted with application or prior to issuance of business license:**  (**1) Certificate of Liability Insurance in the business name with City of Sioux Falls listed as Certificate Holder.**  **(2) Copies of individual insurance cards for each vehicle.**  **(3) Vehicle inspection forms for each vehicle.**  **(4) Vehicle for hire operator’s permit for each driver** (obtain from Sioux Falls Police Department 367-7226). | |