Vehicle for Hire: Business License Application

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| [x]  | **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 **[ ]** NoIf 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

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| **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 57117Contact Info: 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). |