

CITY OF RICHLAND CENTER APPLICATION FOR MUNICIPAL LICENSE

THE UNDERSIGNED HEREBY APPLIES TO THE CITY OF RICHLAND CENTER FOR A LICENSE TO CONDUCT THE FOLLOWING ACTIVITY WITHIN SAID CITY FOR THE LICENSE YEAR ENDING JUNE 30, _____

Type of License: _____

Name of Applicant: _____

Address of Applicant: _____

Telephone Number: _____ E-mail: _____

Street Address Where Licensed Activity Will Be Carried On: _____

Applicant Is (check one)

_____ Individual (Sole Proprietor) _____ Partnership _____ Corporation _____ Other

Name, Address, and Dates of Birth of the Applicant and All Partners, Officers, Directors and/or Managing Agents:

Name _____	Date of Birth ____/____/____
Residential Address _____	
Position: _____	

Name _____	Date of Birth ____/____/____
Residential Address _____	
Position: _____	

Name _____	Date of Birth ____/____/____
Residential Address _____	
Position: _____	

Name _____	Date of Birth ____/____/____
Residential Address _____	
Position: _____	

Name _____	Date of Birth ____/____/____
Residential Address _____	
Position: _____	

*****Note*** THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED ON THE BACK OR IT WILL AUTOMATICALLY BE DENIED.**

License # _____

The undersigned, by making this application, hereby authorizes and consents to such inquiry and/or investigation as the City of Richland Center deems necessary to determine whether this applicant and/or the application meets all requirements of the ordinances of said City for the issuance of the said license.

Tree Cutting requires a certificate of insurance with a minimum of \$1,000,000.00 of liability insurance

IT IS UNDERSTOOD THAT ANY MATERIAL FALSIFICATION IN THIS APPLICATION MAY BE DEEMED A BASIS FOR DENIAL OF THE APPLICATION OR FOR THE REVOCATION BY THE CITY OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION.

License fee of \$ _____ is submitted herewith.

Dated this _____ day of _____, _____

Signatures of Applicant or Agent of Applicant

(NOTE: The City may require that additional information, appropriate to the specific type of license requested, be submitted with this application or as a supplement to this application prior to consideration of license issuance.)

SUPPLEMENTAL INFORMATION REQUIRED FOR TAXI LICENSE APPLICATIONS:

Taxi license requires Police inspection of all vehicles and certificate of insurance with a minimum of \$1,000,000.00 of liability insurance

Names, addresses and dates of birth of all persons who will drive taxis under this license:

Name _____	Date of Birth ____ / ____ / ____
Residential Address _____	
Position: _____	

Name _____	Date of Birth ____ / ____ / ____
Residential Address _____	
Position: _____	

Name _____	Date of Birth ____ / ____ / ____
Residential Address _____	
Position: _____	

Date Application filed with City Clerk _____
Referred to City Council on _____ Amount paid: _____
Action of City Council: _____