



Taxi License Application

Business Name: _____

Business Address: _____

Applicant/Agent Name: _____

Applicant/Agent Address: _____

- Taxi Cab (\$15/cab) # of Cabs: _____ (Please include evidence of insurance)
 Taxi Cab Drivers License (\$10)

Date of Birth: _____

WI Driver License Number: _____

Cab Total: \$ _____

Pay online: Point and Pay

License Fee: \$ _____

Total Fees: \$ _____

Signature: _____

Receipt #: _____

License Term: _____

**PLEASE RETURN FORM AND PAYMENT TO:
STOUGHTON CITY HALL
ATTN: CLERKS OFFICE
207 S. FORREST ST.
STOUGHTON, WI 53589**

OFFICE USE ONLY

_____ Court _____ Utility

CHIEF OF POLICE - AUTHORIZED SIGNATURE