

**OFFICE OF THE CITY CLERK
CITY OF POPLAR BLUFF, MISSOURI
APPLICATION FOR AMBULANCE SERVICE
Certificate of Public Convenience and Necessity**

Date _____

1. Name _____ DOB _____ Place _____

2. D.B.A. (Trade Name) _____

3. Business Address _____ Phone _____

4. Residence _____ Phone _____

5. Have you ever been convicted of the violation of any Federal law, law of any State, or the Ordinances of any City? _____ If so, give details _____

6. Ownership Individual () Partnership () Corporation ()

7. If Partnership, list names and addresses of partners
Name _____ Address _____

8. If Corporation, list names and addresses of officers
Name _____ Address _____
President _____
Vice President _____
Secretary _____
Treasurer _____
State in which incorporated _____ Date of incorporation _____

9. Describe vehicle(s) to be licensed and length of time in use

Year	Make	Model	Serial Number	State License Number	Length Of Use
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

10. Total number of vehicles to be licenses _____

11. Owner of Vehicles
Name _____ Address _____ Phone _____

STATE OF MISSOURI }
 } SS
COUNTY OF BUTLER }

I, the undersigned, declare to the best of my knowledge and belief that the statements made herein are true and correct; and I fully understand that any license issued pursuant to this application is not transferable or assignable to another person without approval of the City of Poplar Bluff and that any violation of any City Ordinance appurtenant to the regulation or the operation of any vehicle for which a license is required may result in the suspension or revocation of any and all such licenses.

APPLICANT'S SIGNATURE

Subscribed and sworn to before me this _____ day of _____, 20__.

My Commission Expires:

NOTARY PUBLIC

CITY CLERK