OFFICE OF THE CITY CLERK
CITY OF POPLAR BLUFF, MISSOURI
APPLICATION FOR TAXICAB 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, low 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