

DATE \_\_\_\_\_  
REC. NO. \_\_\_\_\_  
FEE \$ \_\_\_\_\_  
LIC. NO. \_\_\_\_\_  
APPROVED \_\_\_\_\_

**CITY OF EMPORIA  
TAXI STATION LICENSE  
FEE \$10.00**

Name of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Name of Station \_\_\_\_\_

Address of Station \_\_\_\_\_

Business Phone # \_\_\_\_\_

Number of Taxis to be Operated \_\_\_\_\_

Please provide a list of names of all Taxi Drivers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Corporation: List Names of All Officers & Stockholders.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Partnership: List Names of All Partners.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Approved ( ), Disapproved ( )

\_\_\_\_\_  
Chief of Police