

City of St. Robert, Missouri  
194 Eastlawn Ave., Suite A  
St. Robert, Missouri 65584  
[www.saintrobert.com](http://www.saintrobert.com)



573-451-2000  
(Extension 1112)  
573-336-5714 (fax)

## Application For Taxicab Business License

Name of Taxicab Company: \_\_\_\_\_

Office Location: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Owner of Taxicab Company: \_\_\_\_\_

Owner's Telephone Number: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Street

City

State

Zip

### Enclosures:

Taxicab Company Information Sheet (Vehicles)

Taxicab Company Information Sheet (Drivers)

Taxi Operator's Permit Application



## Application for City of St. Robert Taxicab Business License

Please provide the following information pursuant to Section 605.040 of the City Code of the City of St. Robert:

1. Applicant's Name: \_\_\_\_\_
2. Proposed Business Name: \_\_\_\_\_
3. Address of the business and telephone number: (It must be in the city limits of the City of St. Robert, See 605.150 of the City Code)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Please attach the following to this application:
  - a. The make and VIN number of each vehicle the applicant proposes to use as a taxicab in the City of St. Robert.
  - b. An application for City of St. Robert Taxi Cab Operator's License form for each driver and the owner.
  - c. A brief statement as to the experience, if any, in the taxicab business of the business owner.
  - d. Valid proof of insurance of each proposed taxicab showing minimum coverage of \$50,000.00 for bodily injury to one person, \$100,000.00 total injury for one accident, and \$50,000.00 for property damage.
  - e. A criminal history check from the Missouri State Highway Patrol conducted within the last 60 days for the applicant and each proposed driver under this license.
5. I certify the following:
  - a. I have not been convicted of any felony offense.
  - b. I have not been convicted of driving while intoxicated or any similar offense.
  - c. I have not been convicted in the past 12 months of 3 or more moving violations.
  - d. I have not pled guilty or been convicted of any drug related offense.
  - e. I have read Sections 605.010 and 605.340 of the St. Robert City Code as it pertains to Taxi Cabs and understand that I must abide by the rules and regulations contained in that section.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**ST. ROBERT POLICE DEPARTMENT**

## Application For Taxicab Business License

**Section 1**

As required by section 605.050 of the municipal code of the City of St. Robert, Missouri, I, the undersigned, am filing with the Chief of Police, a written application to secure a license to operate a taxicab business in the City of St. Robert, Missouri.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date**Section 2**

(1) The trade name under which applicant  
does or proposes to do business: \_\_\_\_\_

(2) Address of the principal place of business  
of the applicant: \_\_\_\_\_

(3) Mailing address of the applicant, if  
different than line 2: \_\_\_\_\_

(4) Number of taxicabs actually owned by  
the applicant: \_\_\_\_\_

**Section 3**

(1) Make, model, and identification number of each taxicab and the name and address of its registered owner:

Number 1:

VMA\\_\_\_\_\_ VMO\\_\_\_\_\_  
ONA\\_\_\_\_\_  
OAD\\_\_\_\_\_  
\_\_\_\_\_

Number 2:

VMA\\_\_\_\_\_ VMO\\_\_\_\_\_  
ONA\\_\_\_\_\_  
OAD\\_\_\_\_\_  
\_\_\_\_\_

Number 3:

VMA\\_\_\_\_\_ VMO\\_\_\_\_\_  
ONA\\_\_\_\_\_  
OAD\\_\_\_\_\_  
\_\_\_\_\_

Number 4:

VMA\\_\_\_\_\_ VMO\\_\_\_\_\_  
ONA\\_\_\_\_\_  
OAD\\_\_\_\_\_  
\_\_\_\_\_

Number 5:

VMA\\_\_\_\_\_ VMO\\_\_\_\_\_  
ONA\\_\_\_\_\_  
OAD\\_\_\_\_\_  
\_\_\_\_\_

Number 6:

VMA\\_\_\_\_\_ VMO\\_\_\_\_\_  
ONA\\_\_\_\_\_  
OAD\\_\_\_\_\_  
\_\_\_\_\_**Section 4**

(1) Experience which the applicant has had in the taxicab business:

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

Number 7:

VMA\\_\_\_\_\_ VMO\\_\_\_\_\_

ONA\\_\_\_\_\_

OAD\\_\_\_\_\_

\_\_\_\_\_

Number 8:

VMA\\_\_\_\_\_ VMO\\_\_\_\_\_

ONA\\_\_\_\_\_

OAD\\_\_\_\_\_

\_\_\_\_\_

Number 9:

VMA\\_\_\_\_\_ VMO\\_\_\_\_\_

ONA\\_\_\_\_\_

OAD\\_\_\_\_\_

\_\_\_\_\_

Number 10:

VMA\\_\_\_\_\_ VMO\\_\_\_\_\_

ONA\\_\_\_\_\_

OAD\\_\_\_\_\_

\_\_\_\_\_

Number 11:

VMA\\_\_\_\_\_ VMO\\_\_\_\_\_

ONA\\_\_\_\_\_

OAD\\_\_\_\_\_

\_\_\_\_\_

Number 12:

VMA\\_\_\_\_\_ VMO\\_\_\_\_\_

ONA\\_\_\_\_\_

OAD\\_\_\_\_\_

\_\_\_\_\_

## SECTION 605.050: WRITTEN APPLICATION

Any person desiring to secure a license to operate a taxicab business in the City shall file with the Chief of Police a written application therefore in duplicate, giving the following information:

- ☐ The trade name under which the applicant does or proposes to do business; and the address of the principal place of business of the applicant;
- ☐ The number of taxicabs actually owned by the applicant, and the name and address of each other person, and the number of taxicabs owned by that person, whom the applicant intends to authorize to operate a taxicab under the license to be granted to applicant.
- ☐ The make, model, and identification number of each taxicab and the name and address of its registered owner.
- ☐ The experience, if any, which the applicant has had in the taxicab business.

## REMARKS:

[illegible]



## St. Robert, Missouri Taxi Operator's Permit Application

Application Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Scars, Marks, or Tattoos: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Chauffer License Number: \_\_\_\_\_ License State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cab Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- Have you ever been convicted of a Felony? \_\_\_\_\_
- Have you ever been convicted of an Alcohol related driving offense? \_\_\_\_\_
  - If the answer to EITHER of the above questions is "YES", explain below.

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

I, \_\_\_\_\_, have read Saint Robert Ordinance 605, pertaining to Taxi Cabs, I fully understand its contents, and I acknowledge that all information provided above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_