



d. Name \_\_\_\_\_  
(First) (Middle) (Last) (Daytime Phone)

Residence \_\_\_\_\_  
(Address) (City) (State) (ZIP)

Business \_\_\_\_\_  
(Address) (City) (State) (ZIP)

e. Name \_\_\_\_\_  
(First) (Middle) (Last) (Daytime Phone)

Residence \_\_\_\_\_  
(Address) (City) (State) (ZIP)

Business \_\_\_\_\_  
(Address) (City) (State) (ZIP)

----- If business is a **corporation**, complete this section -----

4. Name of corporation \_\_\_\_\_

State of incorporation \_\_\_\_\_ Date of incorporation \_\_\_\_\_  
(Attach copy of certificate of incorporation)

5. List the name and title of all corporate officers (attach additional sheet if needed)

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

6. List the name with the number of shares and percentages held by each stockholder who holds 10 percent or more of the capital stock (attach additional sheet if needed)

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

----- If business is a **limited liability company**, complete this section -----

7. Name of limited liability company \_\_\_\_\_

State of organization \_\_\_\_\_ Date of organization \_\_\_\_\_  
(Attach copy of certificate of organization)

8. List the names of all members and percentages of each LLC member's interest.

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

**Additional disclosures when corporation or LLCs are members may be required**

9. Have you (applicant) or any members of any firm, association or partnership, or all principal shareholders, officers, directors and managers of any corporation applying, been convicted of a violation of any federal or state felony or, within the previous 12 months, have been convicted of violating any provision of this code or has ever had a certificate or permit issued under this article revoked or suspended? YES NO If yes, please explain

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



20. List the location and telephone number of place of business from which taxicab vehicles, livery vehicles, sightseeing vehicles or pedicabs will operate

Address \_\_\_\_\_  
(Address) (City) (State) (ZIP) (Phone Number)

21. List all state and federal felony convictions of all persons with an interest in the permit within the past 12 months  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to report promptly any changes in the information provided with this application, and I understand that any and all changes of ownership or management and control of the business cannot occur prior to obtaining the approval of the director of the Neighborhood and Community Services Department.

I authorize and consent to the examination, by the director of the Neighborhood and Community Services Department and/or his authorized representatives, of my business books, bank accounts, and other records to verify the source of funds and terms under which this business is being purchased.

I agree to allow the director of the Neighborhood and Community Services Department and/or authorized representatives to conduct necessary investigations into financial and possible criminal records at banks and police agencies respectively.

I will at all times permit the entry of any officer or investigator who may have legal authority of the purpose of inspection or search, and will permit the removal of all things and articles which may be in violation of the Ordinances of the City of Kansas City, Mo., and the laws of the State of Missouri, and I do consent to the introduction in evidence of such articles in any proceedings for the violation of any provision of the revised Vehicles For Hire ordinances of the City of Kansas City, Mo., and/or for the suspension or revocation of the license for which this application is made.

I have familiarized myself with the provision of Chapters 70 and 76, Code of General Ordinances, City of Kansas City, Mo., and agree to comply with these provisions in the conduct of this business.

I, \_\_\_\_\_, being of lawful age and duly sworn upon my oath, declare that I have read the application and fully understand same and that I know the contents thereof and the answers and statements contained therein and the same are true.

\_\_\_\_\_  
Signature of applicant Date

Seal State of Missouri  
County of \_\_\_\_\_

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

-----INVESTIGATOR -----

Date Application Completed \_\_\_\_\_

Reason for approval/disapproval of application (if any) \_\_\_\_\_

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

\_\_\_\_\_  
Regulated Industries Division Investigator

\_\_\_\_\_  
Date

-----INVESTIGATIONS SUPERVISOR -----

This application is hereby recommended to be [ ] Approved [ ] Disapproved

Reason for approval/disapproval of license (if any) \_\_\_\_\_

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

\_\_\_\_\_  
Regulated Industries Division Investigations Supervisor

\_\_\_\_\_  
Date

-----ASSISTANT MANAGER -----

This application is hereby recommended to be [ ] Approved [ ] Disapproved

Reason for approval/disapproval of license (if any) \_\_\_\_\_

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

\_\_\_\_\_  
Regulated Industries Division Investigations Supervisor

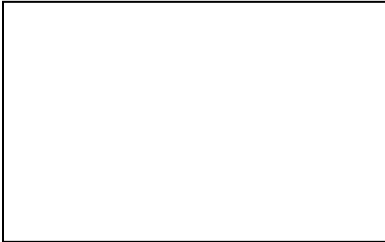
\_\_\_\_\_  
Date

-----MANAGER -----

This application is hereby [ ] Approved [ ] Disapproved

Reason for approval/disapproval of license (if any) \_\_\_\_\_

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



\_\_\_\_\_  
Regulated Industries Division Manager

\_\_\_\_\_  
Date