CITY OF AUBURN, AL **VEHICLE FOR HIRE APPLICATION**

For City of Auburn Staff use only:			
Customer #	_ Zoning ApprovalYes No		
Home Occupancy Permit #			

SECTION 1: BUSINESS INFORMATION

Business Name:	ness Name: Federal Identification #					
Type of Ownership:		Corporation Partnership Individual or Sole Proprietorship Limited Liability Partnership (LLP) Limited Liability Company (LLC) (Single Member) Limited Liability Company (LLC) (Multi-Member)				
First Day Business Acti	ivities Will Begin in Auburn:	(Month)	(Day)	(Year)	
Physical Location of Bu	usiness:					
	Street Address		City	State	Zip Code	
Will vehicle(s) be garaç	ged at this location?YesNo If	no, provide address w	here vehicle(s) wil	be garaged.		
be issued. If physical	cation of business is in the city limits I location is a residence located in city partment [171 N Ross St, Auburn, AL	y limits of Auburn, a				
Mailing Address, if Diffe	erent: Street Address or PO Box		City	State	Zip Code	
			•		·	
Phone #	Fax #	Website:				
OWNER/PARTNER IN	FORMATION (Person(s) legally respons	sible for business) (Att	ach a separate she	eet if necessar	<i>(</i>)	
S	ECTION <u>MUST</u> BE COMPLETED BY <u>ALL</u> F	PERSONS LEGALLY RI	ESPONSIBLE FOR I	BUSINESS		
Name:			Title:			
Home Address:			(City),	(State)	,(Zip)	
Business Phone #	Alternative Phone #	Fax #	Em	ail		
SSN:	DOB: DL#/STA	TE:				
33IV	DOB DL#/31A	16.				
Please provide a legib	ole copy of the driver's license or state	e-issued identification	on card for each o	wner/partner/	officer.	
operations of said vehic Municipal Vehicle for H	f Section 23-31 of the Code of Auburn, A cles on the streets of the City of Auburn, lire Business License and upon oath mal	I hereby make applica ke the following staten	ation to the City of Anents:	Auburn, Alaban	na, for a	
license. I certify the installed and operation	pies of Current Vehicle Registrations For lat this vehicle(s) to be in mechanically so ational. copy of the Certificate of Insurance issue	ound condition and to	have all legally req	uired safety ed	juipm ent	
concerning Insurar initially and periodi It will be the owner Certificates of Insu	nce Agency's contact information (Name cally to ensure at least minimum industry (s)/partner(s) responsibility under this licerance. Any lapse of insurance coverage tion of this license.	, Address, and Phone standards of covera ense to ensure that th	Number). Insurance ge are in effect and e City of Auburn is	e information was that policies he provided with	vill be verified nave not lapsed. current	
	ury, I declare that I have examined this for a little indicates that I take full responsibility for the little indicates that I take full responsibility for the little indicates that I take full responsibility for the little indicates the l					
PRINT NAME		SIGNATURE O	F APPLICANT and	IDATE		

NOTE: All drivers, including owner(s) of business if he/she is a driver, must complete SECTION 2

(City Manager Signature and Date)

Page 2 **SECTION 2: DRIVER INFORMATION** ___, ___ State Zip Code Home Address Will you garage (keep) the vehicle at this address? Yes No If so, a Home Occupation Permit must be obtain from the Planning Department [171 N Ross St, Auburn, AL] and Section 2 on Page 3 must be completed. _____ DOB: _____ DOB: _____ DL#/STATE: _____ Phone # _____ Alternative Phone # ____ SECTION 2A: EMPLOYER INFORMATION (Provide the employer name, address, and phone number.) Address: Street Address City State Zip Code Phone # _____ Fax # _____ STATE OF ALABAMA—COUNTY OF LEE Under the provisions of Section 23-31 of the Code of Auburn, Alabama, regulating the licensing of vehicle for hire drivers, and the operations of said vehicles on the streets of the City of Auburn, I hereby make application to the City of Auburn, Alabama, for a Municipal Vehicle for Hire Business License and upon oath make the following statements: I am physically and mentally able to safely operate a motor vehicle with no restrictions which cannot be reasonably and legally accommodated. I am ______ years of age and my date of birth is _____/_ 0 I have had ______ years experience in operating automobiles. 0 I am familiar with the ordinances of the City governing the use and operations of vehicles, vehicles for hire, and the use of public 0 streets. I have attached a copy of my current vehicle operator's license (driver's license) to this application. 0 I have attached certified copies of my official Criminal and Driving/Accident Histories obtained through the Alabama Criminal Justice Information Center—Information Integrity Division and the Alabama Department of Public Safety. I understand that crimes or moral turpitude, crimes involving recklessness, and serious driving infractions/accidents may cause my application for this license to be denied. I have attached two passport sized photos taken within sixty (60) days of the application. Under penalties of perjury, I declare that I have examined this form and to best of my knowledge and belief, it is true, correct, and complete. My signature indicates that I take full responsibility for the information presented on this form and any tax liability that might occur. SIGNATURE OF APPLICANT and DATE PRINT NAME LICENESE FEES: \$105 (Start Date Jan 1st – Jun 30th) or \$55 (Start Date Jul 1st – Dec 31st). Licenses expire on Dec 31st and are renewable between **Jan 2nd – Feb 15th**. If renewed after **Feb 15th**, a 15% penalty will be added. If renewed after **Mar 15th** (30-days after delinquent date), a 30% penalty plus 1% interest for each month delinquent will be added. PAYMENT OPTIONS: Cash, Check, Money Order, or Credit Card (Visa/MasterCard ONLY) Credit card payments may be made in person at the Revenue Office or via www.auburnalabama.org. Approved Denied (Circle One) (Chief of Police Signature and Date)

Approved

Denied (Circle One)

CITY OF AUBURN CODES/PLANNING BUSINESS LICENSE APPROVAL

All new business license applicants locating inside the city limits of Auburn must have this form completed before a business license will be issued by the Revenue Office.

APPLICANT INFORMATON (To be completed by appli	cant)					
Name of Business						
Date business activities will begin in Auburn						
Describe business activity in Auburn						
Physical Address of Business						
Contact Name	Contact Number					
Signature of Applicant	Date					
SECTION 1: HUMAN RESOURCES-RISK MANAGEN (To Be Completed by Risk Management Division)	MENT DIVISION (130 Tichenor Ave · Auburn, AL · (334) 501-7240)					
Does the policy meet the minimum liability limits set by Section	on 23-16 of the Code of City of Auburn? Yes No					
Does the policy include an endorsement listing the City of Au	burn as a certificate holder? Yes No					
Signature of Risk Manager or his/her designee	Date					
Comments						
SECTION 2: PLANNING DEPARTMENT (171 N Ross (To Be Completed by Planning Department)	s St · Auburn, AL · (334) 501- 3040)					
Is this a residence? Yes No If Yes: Home Occupation Permit #	Date Issued					
Is this a commercial property? Yes No	Zone Approved: Yes No					
Signature of Planning Official	Date					
Comments						
SECTION 3: CODES DEPARTMENT (171 N Ross St (To Be Completed by Codes Department)	· Auburn, AL · (334) 501- 3170)					
Is a Life/Fire/Safety Inspection required? Yes No	If Yes: Date Passed					
Signature of Building Inspector	Date					
Is a Certificate of Occupancy required? Yes No	If Yes: Date Issued					
Signature of Building Inspector	Date					
Comments						