CITY OF AUBURN, AL	
VEHICLE FOR HIRE APPLICATION	l

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

SECTION 1	RUSINESS	INFORMATI	NC

Business Name:	:Federal Identification #				
Type of Ownership:	□ Corporation □ Partnership □ Limited Liability Company (LLC)				
First Day Business Act	ivities Will Begin in Auburn:	(Month)	(Day)	(Year	·)
Physical Location of Bu			<u>-</u>		
	Street Address		City	State	Zip Code
Will vehicle(s) be garaç	ged at this location?YesNo I	If no, provide address w	vhere vehicle(s) wi	ll be garaged.	
be issued. If physical	cation of business is in the city limits I location is a residence located in ci partment [171 N Ross St, Auburn, AL	ty limits of Auburn, a			
Mailing Address, if Diffe	erent: Street Address or PO Box		City	State	Zip Code
-			•		·
Phone #	Fax #	Website:			
	FORMATION (Person(s) legally respor				y)
S	ECTION MUST BE COMPLETED BY ALL	PERSONS LEGALLY RI	ESPONSIBLE FOR	BUSINESS	
Name:			Title:		
Home Address:		,	(City),	(State),(Zip)
Business Phone #	Alternative Phone #	Fax #	En	nail	
SSN:	DOB: DL#/ST	ATE:			
Please provide a legit	ole copy of the driver's license or sta	ite-issued identification	on card for each o	wner/partner/	officer.
operations of said vehic Municipal Vehicle for House attached co- license. I certify the installed and operation of the installed and periodical operation of the installed of the instal	f Section 23-31 of the Code of Auburn, cles on the streets of the City of Auburn lire Business License and upon oath mappies of Current Vehicle Registrations For this vehicle(s) to be in mechanically	n, I heareby make applicake the following staten forms (Tag Receipts) for sound condition and to defer the vehicle(s) that he, Address, and Phone try standards of covera icense to ensure that the ge or failure to provide of form and to best of my	cation to the City of nents: r any/all vehicles to have all legally re will be operating for Number). Insuran age are in effect ar he City of Auburn is current Certificates	hat will be open quired safety e or hire, along wace information and that policies is provided with a of Insurance was	rated under this quipment ith information will be verified have not lapsed. current will result in the
PRINT NAME		SIGNATURE C	F APPLICANT an	d DATE	

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

SECTION 2: DRIVER INFORMATION __, City 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: _____ DL#/STATE: _____ Phone # _____ Alternative Phone # SECTION 2A: EMPLOYER INFORMATION (Provide the employer name, address, and phone number.) 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 accomodated. ___ 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 streets. I have attached a copy of my current vehicle operator's license (driver's license) to this application. 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. 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. PRINT NAME SIGNATURE OF APPLICANT and DATE 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 by phone by calling (334) 501-7239. To process a phone payment, a copy of the registration form and applicable documents must be faxed to (334) 501-7297. Approved Denied (Circle One) (Chief of Police Signature and Date) Denied (Circle One) Approved (City Manager Signature and Date)

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 app	olicant)				
Name of Business					
Date business activities will begin in Auburn					
escribe business activity in Auburn					
Physical Address of Business	t, complete Section 3 .				
Contact Name	Contact Number				
Signature of Applicant	Date				
SECTION 1: HUMAN RESOURCES-RISK MANAGEI (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	tion 23-16 of the Code of City of Auburn? Yes No				
Does the policy include an endorsement listing the City of Au	uburn as a certificate holder? Yes No				
Signature of Risk Manager or his/her designee	Date				
Comments					
SECTION 2: PLANNING DEPARTMENT (171 N Ros (To Be Completed by Planning Department) 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)	t · 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					