



SHUTTLE SERVICE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE @MILWAUKEE.GOV

LICENSE PERIOD: Biennial; expires April 30 in odd-numbered years, regardless of the date of issuance.

FEE: \$165 per application. Fee must accompany application. Make check payable to: **CITY OF MILWAUKEE.**

ELIGIBILITY: Shuttle vehicle means a privately owned vehicle which is solely engaged in the business of carrying passengers in either a:

- Shared ride service for hire on a fixed route and fixed schedule to and from predetermined locations; or
- Group travel service for hire on a prereserved basis only, provided that the vehicle has a passenger-carrying capacity of 11 or more persons, excluding the driver.

Note: The minimum passenger-carrying capacity does not apply to shuttle vehicles providing a shared ride service for hire on a fixed route and fixed schedule to and from predetermined locations.

APPLICATION: Applications must be filled out completely and returned to: City Hall, Room 105, License Division, 200 E. Wells Street. Phone: (414) 286-2238.

SIGNATURES: Individuals, all partners; if Corporation, the agent, president & secretary must sign; if Limited Liability Company, the Agent and all members must sign.

ALL SIGNATURES MUST BE NOTARIZED

The applicant shall file, with the application the attached "Letter of Intent" outlining his or her intentions of purchasing a proper vehicle to be used for this service, and the proper amounts of liability insurance, satisfying all the requirements of ch. 100 of the Milwaukee Code of Ordinances.

FINGERPRINTING: Each person named on the application, including stockholders of a corporation or LLC owning 20% or more stock, shall be fingerprinted by the Police Department at 951 N. James Lovell Street (7th St), Room 305.

ROUTES AND SCHEDULES: Applicants must list on the application the specific times and routes the vehicles will follow. Attach a separate sheet, if needed.

Vehicles which do not operate on a fixed route and fixed schedule, but meet the definition of shuttle by providing group travel service for hire on a prereserved basis only, provided that the vehicle has a passenger-carrying capacity of 11 or more persons, excluding the driver, do not need to list specific times and routes.

ADDITIONAL LICENSE: Each and every person driving a shuttle service vehicle in the City of Milwaukee *must* be licensed as a Public Passenger Vehicle driver. Please contact the License Division office for application forms.

REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a refund in the amount of \$115, provided the refund is requested no later than one year from the date of withdrawal or denial of the application. If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.

DUPLICATE LICENSE FEE: The fee for a duplicate license is \$8. You must bring current photo identification.

Regulations relating to SHUTTLE SERVICE are provided in ch. 100 of the Milwaukee Code of Ordinances and are available online at <http://www.milwaukee.gov/ordinances> or can be purchased from the Legislative Reference Bureau in City Hall, Room B-11.



PUBLIC PASSENGER VEHICLE: SHUTTLE SERVICE PERMIT APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
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(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Individuals or Partnerships ONLY: Complete section 1 below.
ALL applicants: Complete sections 2 and 4 below.
Corporations / LLCs ONLY: Complete section 3.

1	<u>INDIVIDUAL OR PARTNERSHIP:</u> Full Name (Last, First & Middle Initial)	<u>If Partnership, Partner #2</u> Full Name (Last, First & Middle Initial)
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
2	Business Name:	
	Business Address (include City, State, Zip Code):	
	Has anyone on this application been convicted of violating any federal laws, state or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of person, date of conviction, charge and penalty: _____ _____	
3	Full Name of corporation or limited liability company:	
	Agent Full Name (Last, First & Middle Initial):	
	Home Address (include City, State & Zip Code):	
	Home Phone Number: () -	Date of Birth:
	<i>President/Member</i>	<i>Vice President/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:

OVER

3 Cont.	<i>Secretary/Member</i>		<i>Treasurer/Member</i>	
	Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):	
	Home Address (include City, State, Zip Code):		Home Address (include City, State, Zip Code):	
	Home City, State, Zip Code:		Home City, State, Zip Code:	
	Home Phone Number: () -		Home Phone Number: () -	
	Date of Birth:		Date of Birth:	
4	Description of Vehicle:			
	Year:	Make:	Model:	Number of Passengers:
	Vehicle ID Number (VIN):		License Plate Number:	
	<p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p>The undersigned understands that this application does not entitle the applicant to a license and that the granting of licenses is solely in the discretion of the Common Council.</p>			
	Rate of Fare		Fixed Route & Time Schedule	
	Example: 3 mile trip = \$5.00		DEPARTURE	ARRIVAL
		TIME	PLACE	
		TIME	TIME	
_____		_____		
_____		_____		
_____		_____		
_____		_____		
<p>I have knowledge of the City Ordinances currently regulating the license applied for herein; understand that the permit may be subject to suspension, non-renewal or revocation if I violate any rule or regulation relating to public passenger vehicles; and, being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.</p> <p>***Per Section 100-50-7-b, Milwaukee Code of Ordinances, any permittee who fails to apply for renewal prior to the expiration date of his or her permit shall have the permit terminated on its expiration date.</p>				
SUBSCRIBED AND SWORN TO BEFORE ME THIS				
_____ day of _____, 20_____		_____		
_____		Print Name		
Notary Public, State of Wisconsin		_____		
		Signature		
My commission expires _____				
Applications filed without the required documents, Notary seal, \$165 fee, and/or incomplete applications will be returned.				

Office Use Only:

Initials: _____ Transaction #: _____ Filed: _____

Permit #: _____ Granted: _____ Issued: _____