Taxicab Pre-Permit Check

Company: _____ **Permit Number:** _____

License Plate: _____ **VIN:** _____

		Meter	Zone	Limousine	Flat Rate
Vehicle Type (check one)		☐	☐	☐	☐

Exterior: Conspicuous, permanent markings

		Meter	Zone	Limousine	Flat Rate
Right	Permit Number	☐	☐	☐	☐
	Company Number	☐	☐	☐	☐
	Service Type	☐	☐	☐	☐
	Rates of Fare	☐	☐	☐	☐
Rear	Permit Number	☐	☐	☐	☐
	Permit Tag*	☐	☐	☐	☐
	*Replacement Vehicle Only				
Left	Permit Number	☐	☐	☐	☐
	Company Name	☐	☐	☐	☐
	Service Type	☐	☐	☐	☐
	Rates of Fare	☐	☐	☐	☐

Interior: Posted so as to be readable by all passengers at all times

	Meter	Zone	Limousine	Flat Rate
Permit Card (holder)	☐	☐	☐	☐
Driver Permit (holder)	☐	☐	☐	☐
Rate of Fare	☐	☐	☐	☐
Zone Map	☐	☐	☐	☐

	Meter	Zone	Limousine	Flat Rate
Meter (Sealed)	☐	☐	☐	☐

Registration and License Plate Match State File

Meter	Zone	Limousine	Flat Rate
☐	☐	☐	☐

Color Scheme matches the one specified in the company application
Badger: Red & White • Union: Yellow • Madison: Silver/Gray

Meter	Zone	Limousine	Flat Rate
☐	☐	☐	☐

Number of Seat Belts available for passenger use _____

If one of more boxes in the relevant column are not checked, keep the form and tell the company which items need to be corrected. If all boxes are checked, sign and date the form and give a copy to the company representative.

I certify that the taxicab listed above satisfactorily meets the requirements of Madison General Ordinances Subsection 11.06(9)(a) specified on this form.

Signature _____ **Date** _____