



2020 Ground Transportation Vehicle Permit Application

Instructions: Failure to complete any item will delay the processing of your application. The application non-refundable fee of Sixty dollars (\$60.00) shall be made at the time of application. Vehicles with a manufacturer's listed average of 30 mpg or greater. Non refundable Forty (\$40.00) fee
The vehicle must be in compliance.

A vehicle safety inspection report, completed within the last thirty (30) days, must accompany this application, and the vehicle must be brought to the police department for inspection. At a minimum, the vehicle safety inspection must include: brakes, tires, steering, suspension components, exhaust system, windshield, wipers, head, tail and brake lights.

Circle one: Fee Paid Not Paid Initial:

*****PRINT LEGIBLY*****

Paperwork to be provided with this application includes: Vehicle registration Manufacturer's information
 Completed Vehicle Inspection Form
 If the Ground Transportation Business owner is not the owner of the vehicle, a lease is required.
 Lease Agreement Attached

Ground Transportation Business Name: _____ Business License#: _____

Business Owner: _____ Telephone: _____

Registered Owner of Vehicle: _____ Telephone: _____

Mailing Address: _____

Physical Address: _____

Have you ever had a Vehicle Permit issued by the Town of Jackson revoked or denied? No Yes

VEHICLE DESCRIPTION **Circle one:** **Taxi** **Executive** **Exempt**

Year: _____ Make: _____ Model: _____ Color: _____ Passenger Capacity: _____

License Plate: _____ State: _____ Vehicle Identification#: _____

I, (Print full legal name) _____, as the Registered Owner of this vehicle, do hereby swear and affirm the information I have supplied on this application, above, is true and correct to the the best of my knowledge.

Date: _____ Signature of Registered Owner: _____

*If registered owner is different from business owner, a lease agreement is needed between parties involved for this vehicle.

Permit # _____ Sticker with date
 Approved signage on R and L sides of the vehicle*
 ~Ground Transportation Business Name
 ~Business Telephone Number ~Permit number
 * Minimum 2 1/2 inches X 1/2 inch stroke lettering

Permit # on both sides of Taxi Self TOJ
 Permanently attached and operational roof light attached to the first 1/3 of the vehicle's roof (Taxi only)
 WY Dot Number Visible on vehicle Exempt
 Non Applicable lettering/roof light Executive

I, _____ of the Jackson Police Department have inspected the vehicle above and I certify, under penalty of perjury, that this affidavit and the items included are correct in all aspects.

Date: _____ Signature: _____ Badge Number: # _____