

AGENDA ITEM
May 21, 2019

Subject: Classic Cab LLC application for taxicab license

Department: Finance

Classic Cab LLC has applied for an occupation license to operate a taxicab business within the city. Classic Cab LLC is located at 20832 South 1300 Road, Moundville, MO and is owned by Doug and Danielle Salkil.

The applicant has met the requirements set forth in Municipal Code Chapter 33 Taxicabs and Other Vehicles for Hire. If approved, the license term is June 1, 2019 through May 31, 2020.

RESOLUTION NO. 1532

A RESOLUTION OF THE CITY OF NEVADA, MISSOURI APPROVING AN APPLICATION SUBMITTED BY CLASSIC CAB LLC FOR AN OCCUPATION LICENSE TO OPERATE A TAXICAB BUSINESS IN THE CITY OF NEVADA, MISSOURI.

WHEREAS, Classic Cab LLC, located at 20832 South 1300 Road, Moundville, Missouri is owned by Doug and Danielle Salkil and;

WHEREAS, Classic Cab LLC submitted a renewal application for an occupation license to continue to operate a taxicab business in the City of Nevada, Missouri and;

WHEREAS, the applicant has met the requirements set forth in Municipal Code Chapter 33 Taxicabs and Other Vehicles for Hire and;

WHEREAS, the applicant has submitted the insurance certificate naming the city as an additional insured and vehicle inspections;

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Nevada, Missouri that the application for a taxicab occupation license is hereby approved.

PASSED, APPROVED AND ADOPTED, by the City Council of the City of Nevada, Missouri, this 21st day of May, 2019.

George Knox, Mayor

(Seal)

ATTEST:

Johnna Williams, Deputy City Clerk

City of Nevada
 Occupation and Merchant License Application
 110 South Ash Nevada, MO 64772
 P 417-448-5115 F 417-381-1938 www.nevadamo.gov

SECTION 1

| | | |
|--------------------------------|--------------------|-------------------|
| Name of Corporation or LLC | | Doing Business As |
| CLASSIC CAB LLC | | CLASSIC CAB |
| Local Business Street Address | City | State & Zip |
| 20832 S. 1300 Road | Moundville, | Mo. 64771 |
| Mailing Address (if different) | City | State & Zip |
| 417-448-9220 | | |
| Local Business Phone | Local Business Fax | Website |

SECTION 2

List owners, partners or corporate officers (attach additional sheet if required):

| Name and Title: | Home Address: | Phone Number: |
|----------------------------|----------------------|---------------|
| Doug SAKIL / C/O / manager | 707 W. Cherry Street | [REDACTED] |
| Russell SAKIL C/O manager | 707 W. Cherry | [REDACTED] |

Person making application is: Owner Manager Agent

| | | |
|-------------------------------|------------------------|------------------------------------|
| Doug R. Sakil | | [REDACTED] |
| Applicant Full Name and Title | | Applicant Phone Number |
| [REDACTED] | [REDACTED] | [REDACTED] |
| Date of Birth | Social Security Number | Driver's License and Issuing State |
| 707 W. Cherry Street | NEVADA, | Mo. 64772 |
| Home address | City | State & Zip |

SECTION 3

Business Description: Give a concise description of the business to be conducted including products and/or services provided. Any misrepresentation in the description of the business by the applicant may be sufficient cause for the application to be rejected.

TAXI CAB Service - 2 cars

SECTION 4

Retail Sales Only: Do you sell any products: Yes No Do you charge sales tax: Yes No

The amount of all merchandise at cost, held by the above named business, for sale is declared to be \$_____. I understand that my City of Nevada Merchant's license for next year will be based on this true and accurate figure.

SECTION 5

Door-to-Door Only: Will you go door-to-door: Yes ___ No ___ Number of persons going door-to-door: _____

List dates you plan to go door-to-door: _____

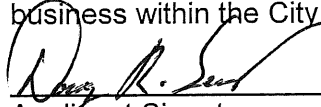
If the work or goods you sell will not be done by your immediate employer, state the name and address of the entity that will provide the goods or services:

Business Name Business Phone Business Fax

Business Street Address City State & Zip

SECTION 6

I hereby certify that the business or occupation I intend to pursue under the authority of the license for which I am applying does not violate or otherwise conflict with existing laws of the State of Missouri or ordinances of the City of Nevada. I also acknowledge that this is only an application and is not approval for me to conduct business within the City of Nevada, Missouri.


Applicant Signature

4-29-19
Date

Doug R. Saville
Printed Name

Required Attachments:

1. All businesses located inside city limits:
 - Business paid personal property tax statement
 - Vernon County Assessor Certificate of No Tax Due (new businesses established after January 1)
- 2 Retailers:
 - Missouri Retail Sales License (new applications only)
 - Missouri Certificate of No Sales Tax Due
3. Food Establishments:
 - Health inspection (new applications only)
4. Contractors:
 - Certificate of Workers Compensation Insurance if one or more employees
 - Affidavit of Exemption from Workers Compensation if no employees
 - Certificate of Liability Insurance (plumbing and electrical contractors only)
 - Plumbing, Electrical and HVAC only- submit a list of all master, journeyman and apprentices
5. Door-to-Door:
 - List all persons going door-to-door: home address, home phone number and criminal history for the past 7 years.
 - Criminal history: month, year and court jurisdiction for each infraction of traffic, misdemeanor and felony convictions
 - Submit a copy of all persons valid driver's license
 - Background check reports for all persons: Missouri State Highway Patrol website- www.mshp.dps.missouri.gov
 - Fingerprints for all persons – Nevada Police Department 417-448-5100
 - Listing of all vehicles: year, make, model, color license plate and state. and license plates

Licensing Officer Signature

Date

| Missouri Motor Vehicle Inspection APPROVAL NOTICE | | | | |
|--|---|--|---|---------------------------------|
| ***SEE INFORMATION ON REVERSE SIDE*** | | | | |
| VEHICLE OWNER'S NAME <i>Classic Cars LLC</i> | | TIME INSPECTION STARTED <i>4:40</i> | | |
| STREET <i>20832 S 1300 RD</i> | | TIME INSPECTION ENDED <i>6:10</i> | | |
| CITY <i>Moundville</i> | | COUNTY <i>Verdon</i> | | |
| VEH YR <i>90</i> | MAKE <i>Chrysler</i> | MODEL <i>Imp</i> | ODOMETER READING (REQUIRED) <i>164,358</i> | LICENSE NUMBER <i>FN2M4B</i> |
| VEH ID NO. <i>261WFS2E849334804</i> | | | | |
| BODY STYLE <input checked="" type="checkbox"/> Car <input type="checkbox"/> School Bus <input type="checkbox"/> Truck (GVW < 8500 lbs.) | | FUEL TYPE <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Gas/LPG <input type="checkbox"/> Other (Explain) | | |
| <input type="checkbox"/> SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/> Truck/Bus (GVW = 8500+) | | <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid | | |
| DEFECTS | | | | |
| CODE | DEFECTIVE PART | PART COST | LABOR COST | TOTAL |
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| | | | | |
| <input type="checkbox"/> ID / OD VERIFICATION | <input type="checkbox"/> TRAILER VERIFICATION <small>(Less than 16 ft. ONLY)</small> | BRAKE INSPECTED <input checked="" type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR | | TOTAL COST \$ |
| INSPECTION STATION <i>Eddies Auto</i> | | STATION NUMBER <i>108009</i> | | |
| CITY WHERE INSPECTED <i>Neveda</i> | | DATE INSPECTED <i>4-22-19</i> | | |
| INSPECTOR'S PERMIT NUMBER <i>900029178</i> | | INSPECTOR'S SIGNATURE <i>[Signature]</i> | | |
| REPAIR AUTHORIZATION | | | | |
| I realize total repair cost is an estimate and repairs are not required to be performed at this station, but I authorize the above establishment to repair my vehicle. | | | | |
| OWNER'S SIGNATURE | | DATE REINSPECTED | | |
| REINSPECTOR'S PERMIT NUMBER | | STICKER / DECAL NUMBER <i>2051522</i> | | |
| REINSPECTOR'S SIGNATURE | | CONTROL NUMBER 9182084 | | |

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| Missouri Motor Vehicle Inspection APPROVAL NOTICE | | | | |
|--|---|--|---|---------------------------------|
| ***SEE INFORMATION ON REVERSE SIDE*** | | | | |
| VEHICLE OWNER'S NAME <i>Classic Cars</i> | | TIME INSPECTION STARTED <i>5:00</i> | | |
| STREET <i>20837 S 1300 RD</i> | | TIME INSPECTION ENDED <i>5:20</i> | | |
| CITY <i>Moundville</i> | | COUNTY <i>Verdon</i> | | |
| VEH YR <i>02</i> | MAKE <i>Plymouth</i> | MODEL <i>Mal</i> | ODOMETER READING (REQUIRED) <i>183,495</i> | LICENSE NUMBER <i>KN6Y10</i> |
| VEH ID NO. <i>1G1ND32162M515373</i> | | | | |
| BODY STYLE <input checked="" type="checkbox"/> Car <input type="checkbox"/> School Bus <input type="checkbox"/> Truck (GVW < 8500 lbs.) | | FUEL TYPE <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Gas/LPG <input type="checkbox"/> Other (Explain) | | |
| <input type="checkbox"/> SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/> Truck/Bus (GVW = 8500+) | | <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid | | |
| DEFECTS | | | | |
| CODE | DEFECTIVE PART | PART COST | LABOR COST | TOTAL |
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| | | | | |
| <input type="checkbox"/> ID / OD VERIFICATION | <input type="checkbox"/> TRAILER VERIFICATION <small>(Less than 16 ft. ONLY)</small> | BRAKE INSPECTED <input checked="" type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR | | TOTAL COST \$ |
| INSPECTION STATION <i>Eddies Auto</i> | | STATION NUMBER <i>108009</i> | | |
| CITY WHERE INSPECTED <i>Neveda</i> | | DATE INSPECTED <i>4-22-19</i> | | |
| INSPECTOR'S PERMIT NUMBER <i>900029178</i> | | INSPECTOR'S SIGNATURE <i>[Signature]</i> | | |
| REPAIR AUTHORIZATION | | | | |
| I realize total repair cost is an estimate and repairs are not required to be performed at this station, but I authorize the above establishment to repair my vehicle. | | | | |
| OWNER'S SIGNATURE | | DATE REINSPECTED | | |
| REINSPECTOR'S PERMIT NUMBER | | STICKER / DECAL NUMBER <i>70389271</i> | | |
| REINSPECTOR'S SIGNATURE | | CONTROL NUMBER 9182284 | | |

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