



**Type of Accounts**


**Driver Information**

**A photocopy of each driver's commercial driver's license must be provided with application**

First Name	Last Name	License Number	State

**Required Application Information:**

- 1 Certificate of Insurance for all vehicles and business operations naming the City of Sheridan as additional insured
- 2 Department of Transportation Certification
- 3 Photocopy of driver's commercial drivers license
- 4 Department of Motor Vehicle printout within last 30 days to verify validity of driver's license information

**Required License Fee: \$200.00**

**Insurance Requirements:**

- 1 Comprehensive General Liability with limits of no less than \$500,000/\$1,000,000 combined limit per occurrence for bodily injury, personal injury and property damage.
- 2 Automobile Liability with limits of no less than \$25,000/\$50,000 combined limit per occurrence for bodily injury, personal injury and property damage.
- 3 Worker's Compensation as required by state law.

A certificate of insurance must be on file in the office of the City Clerk before a license shall be issued.

I certify that the information provided in this application is correct and complete. I further certify that I will comply with all Federal, State, and City rules and regulations, to include Article II of Chapter 12 of the Sheridan City Code and am subject to 12-2-4 and/or penalties as specified in 12-2-8.

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Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_