

**TAXICAB/TRANSPORTATION NETWORK- LICENSE APPLICATION**

**\$10.00 Annual Fee Each Taxicab**

Name of Taxicab/Uber/Lyft Company: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number of Drivers: \_\_\_\_\_

Names of each Driver: **\$5.00 fee for each driver**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has each taxicab been certified by an ASE Certified Automotive Mechanic: \_\_\_\_\_

**(Please provide copy of current certificate)**

\_\_\_\_\_  
OFFICE USE ONLY

This license was issued the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
City Clerk

License No: \_\_\_\_\_