

TAXICAB LICENSE APPLICATION

\$10.00 Annual Fee Per Taxicab

Owner's Name: _____

Company 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: _____