

TAXICAB LICENSE APPLICATION

\$10.00 Annual Fee Each Taxicab

Name of Taxicab Company: _____

Owner's Name: _____

Address: _____

Number of Taxicab Drivers: _____

Names of each Taxicab Drive: **\$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: _____