



Council _____

Police _____

Admin _____

Taxicab License Application

Applicant Information

Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Cell: _____

Email: _____

Vehicle Information

Make: _____ Model: _____

VIN: _____

Year: _____

Make: _____ Model: _____

VIN: _____

Year: _____

Make: _____ Model: _____

VIN: _____

Year: _____

Insurance

Please provide proof of insurance. City Code requires \$100,000 for personal injury or death of any one person;

\$300,000 for each accident; and

\$50,000 for property damage for each accident.

I hereby acknowledge that I have read this application and that all information is true and current to the best of my knowledge.

Applicant's Signature _____ **Date** _____

Applicant's Printed Name _____