



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** \_\_\_\_\_