



Application to add or remove a taxicab

Date of Application: _____

Owner: _____ D/B/A: _____

I (we) certify that the information provided on this application is true and complete to the best of my (our) knowledge and that I (we) understand the rules regulating Taxicab businesses in the City of Old Town. I (we) understand that the application fee is non-refundable.

Applicant's Signature: _____ Title: _____

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I currently have _____ taxis in my fleet

I am removing the following taxi: _____

Individual Vehicle Information

Vehicle 1 Taxi ID#: _____ Seating Capacity: _____ Make: _____ Model: _____

Color: _____ Year: _____ VIN: _____ License Plate #: _____

Vehicle 2 Taxi ID#: _____ Seating Capacity: _____ Make: _____ Model: _____

Color: _____ Year: _____ VIN: _____ License Plate #: _____

Vehicle 3 Taxi ID#: _____ Seating Capacity: _____ Make: _____ Model: _____

Color: _____ Year: _____ VIN: _____ License Plate #: _____

Insurance shown: Yes No **Proof of taxi meter calibration shown:** Yes No