



# 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