

Permit #
Paid: Cash / Check # _____
New/ Renewal

Town of Skowhegan
Application for Taxi Vehicle Permit

Fill in the requested information and deliver or mail the application to the Skowhegan Police Department, 225 Water St., Skowhegan, ME 04976. The non-refundable application fee must be paid at the time the application is submitted. Taxi permits expire December 31 of the current year and must be renewed annually. All vehicles must be inspected by the police department prior to any permit being issued.

Fee: \$50 per vehicle
\$25.00 per vehicle if application is submitted on or after October 1st.

A. Applicant Information:

Full Name (First, Middle, Last): _____

Previous Legal Names, if any: _____

Alias, if any: _____

Birth Date: _____ Telephone: _____

Mailing Address: _____

B. Business Information:

Submit information on each person required to sign and verify the application form and each person having management authority in the business of the applicant. Attach separate sheet of paper to the application if necessary.

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

C. Criminal Convictions:

Whether a sentence of incarceration was in fact imposed or served, all persons listed on this form must provide information on any criminal convictions (misdemeanor / felony). Attach a separate piece of paper if necessary. This section **does not** apply to traffic violations. If you do not know the exact date, list the approximate conviction date.

Name: _____

I have no criminal convictions: ☐

Conviction: _____ Date: _____

Conviction: _____ Date: _____

Conviction: _____ Date: _____

Name: _____

I have no criminal convictions: ☐

Conviction: _____ Date: _____

Conviction: _____ Date: _____

Conviction: _____ Date: _____

Name: _____

I have no criminal convictions: ☐

Conviction: _____ Date: _____

Conviction: _____ Date: _____

Conviction: _____ Date: _____

D. Identify each municipality in which you or the holder has operated or is operating a taxi service. Attach a separate piece of paper if necessary.

Municipality: Skowhegan

Municipality: _____

Municipality: _____

Was your right to operate a taxi ever suspended or revoked? No Yes

If yes, please explain: _____

E. Number of taxis for which authorization is sought: _____

F. Vehicle Information:

Make: _____ Model: _____ Year: _____

Vehicle Identification #: _____

Registration #: _____ Seating Capacity: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

Vehicle Identification #: _____

Registration #: _____ Seating Capacity: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

Vehicle Identification #: _____

Registration #: _____ Seating Capacity: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

Vehicle Identification #: _____

Registration #: _____ Seating Capacity: _____

G. Rate Fare Schedule (rates must be visibly posted in vehicle)

Per mile and any part thereof: _____

Transporting multiple passengers to the same destination: _____

Grocery or baggage handling: _____

Minimum call out after normal business hours: _____

Passenger request to stand and wait: _____

H. Your insurance carrier is required to notify the Town Manager or Chief of Police, in writing, whenever your insurance coverage³ has been altered, cancelled or not renewed. It is the responsibility of the applicant or holder to notify the insurance company of this requirement.

Signature: _____

Date: _____

Approved: _____

Chief of Police / Designee

Date: _____

Approved: _____

Chairman, Board of Selectmen / Designee

Date: _____