

RECEIPT NO:	
TOTAL AMOUNT:	
Date:	

## ANNUAL FEE OF \$20 FOR ONE CAR, \$5 FOR EACH ADDITIONAL CAR DUE UPON APPLICATION FILL IN ALL BLANKS COMPLETELY. INCOMPLETE APPLICATIONS ARE REJECTED

**APPLICANT** (please print clearly)

All LIOANT (picas	c print ocarry)				
Name	Last		First		Middle
Business Name					
Address					
City, State, Zip					
Phone					
Name of Liability Carrier					
Policy Number					
Car #1			_		
Make	Model	Year	Capacity		License Plate
VIN#			Certificate of Title	No.	
Car #2					
Make	Model	Year	Capacity		License Plate
VIN#			Certificate of Title	No.	
Car #3					
Make	Model	Year	Capacity		License Plate
VIN#			Certificate of Title	No.	
Have you been pr If Yes, where:	•	ed to operate a tax	icab company?	Yes	No
Have you ever had If yes, where?			ı:	Yes	No
I HEREBY AFFIRM TH	HE FOREGOING A	ANSWERS ARE TRUE	E AND CORRECT.		
			DAT	'⊏∙	
SIGNATURE			BAT	L	
Fore Office Use O					
Finance, License	& Judicial Appr	oval:	Council App	roval:	