CITY OF SACO
TAXICAB VEHICLE LICENSE APPLICATION

PERMIT FEES: $10.00 PER VEHICLE/TRANSFERS DATE FEES PAID_____
$50.00 TAXICAB INSPECTION/BACKGROUND CHECK

NEW_____ RENEWAL_____ TRANSFER_____

No such licenses shall be sold, assigned or transferred, and in case of the sale of the vehicle for which said license was granted, the license shall be surrendered to the City Clerk forthwith.

NAME OF OWNER OR MANAGER:_____

OWNER'S DATE OF BIRTH:_____

ADDRESS:_____

ADDRESS OF DISPATCH:_____

TELEPHONE #:_____

DESCRIPTION OF VEHICLE (S)				
YEAR	MAKE	MODEL	VIN#	PLATE #

BY SIGNING THIS APPLICATION, I _____STATE THAT THE INFORMATION IS TRUE AND ACCURATE, AND I HEREBY AUTHORIZE THE SACO POLICE DEPT. TO INVESTIGATE AND VERIFY THE INFORMATION SUBMITTED IN THIS APPLICATION.

_____

SIGNATURE PRINT NAME DATE

DATE OF APPROVAL:_____

_____}
_____}
_____} COUNCIL MEMBERS
_____} OF THE
_____} CITY OF SACO
_____}
_____}