

CITY OF MARION TAXICAB APPLICATION

OWNER _____ BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____ EMAIL ADDRESS _____

TYPE OF BUSINESS _____

(IF A CORPORATION, ATTACH LIST OF OFFICERS AND ADDRESSES)

NUMBER OF YEARS IN BUSINESS _____

NUMBER OF CABS BEING OPERATED _____ @ \$50 PER CAB \$ _____

INSURANCE COMPANY AND POLICY NUMBER _____

VEHICLE INFORMATION

<u>MAKE</u>	<u>MODEL</u>	<u>SERIAL NUMBER</u>	<u>CURRENT LICENSE NUMBER</u>
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APPLICANT SIGNATURE _____

DATE APPROVED _____

CITY CLERK _____