

APPLICATION FOR NEW TAXICAB BUSINESS

One Time Fee \$25.00

Date _____
Name of Primary Applicant _____

Home Address _____

Date of Birth _____ Social Security No. _____

Name of Secondary Applicant _____

Home Address _____

Date of Birth _____ Social Security No. _____

Business Name _____

DBA if applicable _____

Business Mailing Address _____

Business Phone _____ Federal ID # _____

This application only applies to the above named applicant(s). If the business is sold, in whole or in part, a new application must be completed and a new fee paid.

(please circle one)

I have investigated the above named applicant(s) and recommend **for / against** approval of this license.

Signature – Chief of Police – City of Marshfield

Date