

**CITY OF HAYSVILLE
TAXI CAB
LICENSE APPLICATION**

****Application must be accompanied by License fee of \$25.00****

Full Name: _____

Home Address: _____

Years of Residency: _____

Proposed Business Address: _____

Name of Proposed Business: _____

List Below: All Vehicles Operating in the Business

| Make/Model | NO. of Seats | Color | Markings |
|-------------------|---------------------|--------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List Nature and Character of Taxi Service and facts showing the demand for such service.

Date

Signature of Applicant