

**CITY OF AUGUSTA, MAINE
TAXI OPERATOR'S APPLICATION**

Name of Owner _____ Email: _____

Home Address _____ Phone # (____) _____

Business Name _____

Business Address _____

Age _____ Are you a U.S. Citizen? _____

Number of years of experience in transportation of passenger's _____

Number of vehicles in fleet _____

Clerk Initials/Date	Taxi #	Color	Year/Make/Model	VIN #	PD Inspect Initials/Date

Attach a copy of Certificate of Liability Insurance or Binder.

Have you been convicted of a felony or traffic violation during the past year? _____

If so, please list _____

NOTE: By signing this application, I hereby affirm that I have truthfully answered all questions contained herein, in full recognition of the fact that a false statement will be grounds for revocation of the permit and will subject me to such other penalties as are provided by law.

Signature of Applicant: _____ Date: _____

Office use only:	Received in Clerk's Office by: _____	Date: _____
Licensing Board: _____	Police: _____	CEO: _____
Fee Paid: _____	Cash / CC / Check # _____	License Number: # _____
		Date: _____
		Expires: _____
		Approved / Denied

CITY OF AUGUSTA, MAINE

In accordance with Order #273 passed by the Augusta City Council November 18, 1963, all applicants upon applying for any Municipal business or professional permit or license requiring the approval of the Municipal Officers must indicate in writing whether he owes the City any past due taxes or other financial obligations. Such information shall be verified by the City Treasurer who shall state what arrangements for payment have been made thereto. Such information to be made available to the city Council at the time such application is considered.

Date: _____ Type of License Requested: _____

Name: _____

Address: _____

Email Address: _____ Contact #: _____

Check here if no outstanding taxes or accounts with the City _____

	Real Estate Taxes	Personal Tax
Present Year (Past Due)	_____	_____
Prior Years Total (List Years) _____	_____	_____
_____	_____	_____
_____	_____	_____
Accounts Receivables Date _____	_____	_____
Other	_____	_____
TOTAL:	_____	_____

Signature of Applicant

This is to certify that the above statement is correct. Arrangements have been made with the City Treasurer as follows:

Verified _____
City Treasurer/Tax Collector

Date _____