



2019 TAXI LICENSE APPLICATION

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

NAME OF APPLICANT: _____

CONTACT NUMBER: _____ EMAIL: _____

PROOF OF INSURANCE INCLUDED: Yes No

PROOF OF INSPECTION INCLUDED: Yes No

(Include for each vehicle)

LICENSE PLATE NUMBERS REQUIRED PLEASE LIST

(Attach additional sheet if needed)

_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT SIGNATURE _____ DATE: _____

LICENSE FEES: \$10.00 PER VEHICLE | \$2.00 Fee for Owner | \$5.00 for each driver Employed by Business

Submit application to the City Clerk at 100 North Main Street, Saint Albans, VT 05478