



**CITY OF NEWBURYPORT
VEHICLES FOR HIRE
BUSINESS OWNERS'S APPLICATION**

Please Type or Print Clearly

APPLICANT INFORMATION:

Name of Applicant: Last: _____ First _____ Middle Initial: _____

Address: _____ City: _____ State _____ Zip _____

Phone Number: (____) _____ Message or work phone: (____) _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Social Security Number: _____

BUSINESS INFORMATION:

Business Name: _____ Business Phone Number: (____) _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Mailing Address: _____ City: _____ State: _____ Zip: _____

Number of vehicles to be operated under this permit: _____

FOR EACH VEHICLE, PLEASE LIST

Reg. # _____ Expires: _____ Year: _____ Make: _____ Model: _____

Reg. # _____ Expires: _____ Year: _____ Make: _____ Model: _____

Reg. # _____ Expires: _____ Year: _____ Make: _____ Model: _____

Reg. # _____ Expires: _____ Year: _____ Make: _____ Model: _____

Reg. # _____ Expires: _____ Year: _____ Make: _____ Model: _____

Reg. # _____ Expires: _____ Year: _____ Make: _____ Model: _____

VECHICLE REGISTRATION INFORMATION:

Proof of evidence of legal and registered ownership of the vehicle(s) to be used by the applicant must be provided. Attach one (1) copy of each to this application.

INSURANCE INFORMATION:

Must provide proof of personal injury and property damage liability insurance coverage for each permitted taxi for the full time period of the permit, The personal injury coverage shall no be less than one hundred thousand dollars (\$100,000) for injury to one person with a total coverage of not less than three hundred thousand dollars (\$300,000) for each accident. The property damage coverage shall be not less than fifty thousand dollars (\$50,000) per occurrence. Attach one (1) copy to this application.

I, the undersigned, hereby declare that I have carefully read the Statutes and Ordinances relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with the regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that false statement will be sufficient cause for denial or revocation of said license.

_____ Date: _____
(Signature of Applicant)

Official Use Only

Office of the City Clerk

Initial Application Fee \$ _____ Date Received _____ By _____
Date sent to Police Department _____ New Renewal

Police Department Use Only

Inspection Recommendation for each Vehicle

Cab # ___ License Plate#: _____ VIN# _____ Approved Denied

Comments: _____

Cab # ___ License Plate#: _____ VIN# _____ Approved Denied

Comments: _____

Cab# ___ License Plate#: _____ VIN# _____ Approved Denied

Comments: _____

Cab# ___ License Plate#: _____ VIN# _____ Approved Denied

Comments: _____

Cab # ___ License Plate#: _____ VIN# _____ Approved Denied

Comments: _____