

Taxicab Operator

City of Middletown

Name of Business: _____

Names & Addresses of Owners, Partners or Officers of the Corporation:

Principle Office or Place of Business: _____

Phone Number _____

Vehicle Descriptions (attach additional sheet if necessary)

<u>Cab Number</u>	<u>Year</u>	<u>Make</u>	<u>VIN</u>	<u>License Number</u>
-------------------	-------------	-------------	------------	-----------------------

ATTACH COPY OF INSURANCE POLICY FOR APPROVAL

Attach Copy of Partnership Agreement (if applicable)

Signature _____

Date _____

Approved _____
Chief of Police

Date _____