

CITY OF CARIBOU

PUBLIC TAXI LICENSE APPLICATION

Date _____

Name of Applicant _____ DOB _____

Business Name _____

Business Office/Garage Address _____

Residence Address _____

Telephone Number: _____

_____ Home _____ Business _____ Cell

Email _____

Number of Taxi's _____ Seating Capacity _____

Name (s) of Driver (s) _____

Do you carry Liability Insurance? _____ If so, How Much? _____

Do you carry Property Insurance? _____ If so, How Much? _____

Name & Address of Insurance Company _____

I hereby agree to operate the above in accordance with the Laws of the State of Maine and the Ordinances of the City of Caribou.

Signed : _____

Owner of _____

FOR OFFICE USE:

Approved _____

Rejected _____

Reason _____

By _____