



City of Caribou, Maine

City Clerks Office
25 High Street
Caribou, ME 04736
Telephone (207) 493-3324
Fax (207) 498-3954
www.cariboumaine.org

PUBLIC TAXI LICENSE APPLICATION

Name of Applicant:			DOB:
Business Name:			
Business Office/Garage Address:			
Residence Address:			
Phone:	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>Provide Proof of Insurance</i>			

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: _____ Date: _____

Owner of: _____

Application Received By: _____
(Signature of Clerk)

FOR OFFICE USE:

Approved: _____
Rejected: _____
Reason: _____
By: _____

