

**APPLICATION FOR TAXI CAB COMPANY  
(OWNER OF COMPANY)**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER(H) \_\_\_\_\_ (W) \_\_\_\_\_

Number of years of experience in the transportation of passenger? \_\_\_\_\_

Location of depots and terminals \_\_\_\_\_  
\_\_\_\_\_

Color Scheme or insignia to be used to designate company vehicles \_\_\_\_\_

(attach picture of vehicle or drawing of insignia with color scheme)

Give a brief history of your financial status including the amounts of all unpaid judgments against you and the nature of the transactions or acts giving rise to said judgments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_