Town of Brattleboro, Vermont
Taxi Cab License Application

CHECK ONE:
_____ $100 fee (per cab) for each original application
_____ $50 fee (per cab) for each renewal application

1. Applicant’s Name ___________________________________________________________
   Telephone No. _____________________ E-mail address: _________________________

2. Company Name/Doing business as __________________________________________
   Telephone No. _____________________ E-mail address: _________________________

3. Company Physical Address __________________________________________________

4. Company Mailing Address __________________________________________________

5. Has company obtained current Brattleboro Business License? _______________
   Is company current on taxes and water/sewer payments? ________________

6. Taxi Cab Vehicle Information

   Vehicle #1: ______ Original Application ______ Renewal Application ______ Max no. of Occupants
   Year: ___________ Make _____________________ Model ___________________ Color _______________
   Vehicle ID # _____________________ Plate # ______________ Registration Expires _______________
   Do you have the title to the vehicle? ______ If no, please give the name and address of lien holder below:
   __________________________________________________________________________________

   Vehicle #2: ______ Original Application ______ Renewal Application ______ Max no. of Occupants
   Year: ___________ Make _____________________ Model ___________________ Color _______________
   Vehicle ID # _____________________ Plate # ______________ Registration Expires _______________
   Do you have the title to the vehicle? ______ If no, please give the name and address of lien holder below:
   __________________________________________________________________________________

   Vehicle #3: ______ Original Application ______ Renewal Application ______ Max no. of Occupants
   Year: ___________ Make _____________________ Model ___________________ Color _______________
   Vehicle ID # _____________________ Plate # ______________ Registration Expires _______________
   Do you have the title to the vehicle? ______ If no, please give the name and address of lien holder below:
   __________________________________________________________________________________

   Vehicle #4: ______ Original Application ______ Renewal Application ______ Max no. of Occupants
   Year: ___________ Make _____________________ Model ___________________ Color _______________
   Vehicle ID # _____________________ Plate # ______________ Registration Expires _______________
   Do you have the title to the vehicle? ______ If no, please give the name and address of lien holder below:
   __________________________________________________________________________________
7. I am attaching documentation as required by Chapter 11, Article IV, Section 11-45 of the Code of Ordinances that each vehicle has been inspected by an official State Inspector of motor vehicles and that the equipment of said vehicle complies with all requirements of State laws. I understand that it is my responsibility to have each vehicle inspected by a State Inspector and to present documentation to the Town of Brattleboro so stating. **Initial here**

(A **Taxi Inspection Certificate** is available to download on www.brattleboro.org)

8. I am attaching a valid and current certificate of insurance from an insurance company authorized to do business in the State of Vermont as required by Chapter 11, Article IV, Section 11-45 of the Code of Ordinances (one insurance certificate for each vehicle). I understand that I have an ongoing obligation to disclose in writing to the Town of Brattleboro if the policy is canceled or altered in any way or if the certificate of the Commissioner of the Vermont Department of Motor Vehicles is suspended or revoked. **Initial here**

9. Have you ever held a taxi cab or a taxi driver’s license before? ____________________
If so, please state where and when: _______________________________________
_____________________________________________________________________

10. Have you ever been denied a taxi cab license or taxi driver’s permit? ______________
If so, please explain on the reverse side of this page.

11. **Schedule of taxi operation:** ________________________/________________________

   Days of Week   Hours per day

12. **Business and commercial references:**

   __________________________________________
   Name of Business    Address

   __________________________________________
   Name of Business    Address

I have read the Taxi Cab Ordinance (Chapter 11, Article IV, Section 11-45 of the Brattleboro Code of Ordinances) and I agree to abide by the requirements and regulations therein set down as applied to taxi cab operators. All of the information on this application is true. I understand that each taxi cab permit expires on September 1 and I will need to renew this application on a yearly basis.

____________________________________  __________________________
Signature       Date

*****************************************************************************
I ____recommend  / ____do not recommend  approval of this application for a taxi cab license.
Comment:

*****************************************************************************
Brattleboro Police Chief       Date
*****************************************************************************
_____Approved     _____ Disapproved
Comment:

*****************************************************************************
Town Manager       Date