



Application for Taxicab Business License

Date of Application: _____ New ☐ Renewal ☐

Owner: _____ D/B/A _____

Is the business incorporated? Yes ☐ No ☐

Address: _____
Street or PO Box City/Town State Zip Code

Business Phone: _____ Email Address: _____

Business Location: _____

Name, Address & Telephone Number of Manager(s) _____

Number of Vehicles in Fleet: _____

Insurance Company: _____

Insurance Company Address: _____
Street or PO Box City/Town State Zip Code

Agent's Name: _____

Agent's Address: _____

Amount of Public Liability Insurance Carried: _____ Policy Expiration Date: _____

In order to be approved for a taxicab business license, an applicant must:

- Obtain and complete application forms from the City Clerk's Office.
- Each principal officer of the applicant, if a corporation or all persons having an actual ownership interest in the applicant shall sign and verify the application.
- Provide a comprehensive list including the make, model, passenger capacity, year, vehicle identification number (VIN), Taxicab identification number and license plate number of each vehicle to be covered by Taxicab license.
- Obtain written statement from the Sealer of Weights and Measures, at own cost, indicating the taximeter installed in each taxicab for which the taxicab business license is sought complies with the requirements of City Ordinance.
- Obtain from the Chief of Police, or his or her designee, a written statement that an inspection has been made of each Taxicab for which the Taxicab business license is sought and each Taxicab has been found to be safe and suitable for Taxicab service in accordance with City Ordinance.
- Submit to the City Clerk all necessary documents listed above, the nonrefundable annual fee for a Taxicab business license, a valid State of Maine motor vehicle registration certificate for each vehicle, and certificate of insurance from a reputable insurance agency stating that the vehicles for which the Taxicab business license is sought are insurance and listing the City of Bangor as an additional insured.

Failure to meet any of the foregoing requirements shall be grounds for denial of a TAXICAB business license.



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I (we) certify that the information provided on this application is true and complete to the best of my (our) knowledge and that I (we) understand the rules regulating taxicab businesses in the City of Bangor. I (we) understand that the application fee is non-refundable.

Applicant's Signature: _____ Title: _____

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Individual Vehicle Information

List all vehicles in fleet.

Vehicle 1

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____

Vehicle 2

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____

Vehicle 3

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____

Vehicle 4

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____



Application for Taxicab Business License

Vehicle 5

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____

Vehicle 6

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____

Vehicle 7

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____

Vehicle 8

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____

Vehicle 9

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____

Vehicle 10

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____



Application for Taxicab Business License

Vehicle 11

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____

Vehicle 12

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____

Vehicle 13

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____

Vehicle 14

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____

Vehicle 15

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____

Vehicle 16

Taxicab ID # _____ Seating Capacity: _____

Make: _____ Model: _____ Color: _____ Year: _____

VIN # _____ License Plate# _____