

TOWN OF WOODSTOCK  
**APPLICATION FOR TAXICAB OWNER LICENSE**

I, \_\_\_\_\_, being the owner of a motor vehicle described as follows: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Vehicle Serial Number: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License No.: \_\_\_\_\_

Motor Vehicle Inspection No.: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Within One Month? \_\_\_\_\_

Insurance Policy No. \_\_\_\_\_ Amount \_\_\_\_\_

Insurance Agent \_\_\_\_\_

make application to the Chief of Police for a taxicab owner license. My taxicab will be operated from the following address: \_\_\_\_\_

SIGNATURE OF APPLICANT

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This certifies that the above mentioned motor vehicle is suitable for use as a taxicab, and recommends this applicant for a taxicab license.

POLICE CHIEF

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This certifies that the address from which it is stated that the taxi business will be operated is in the zone allowed by the zoning By-Law.

DEVELOPMENT OFFICER

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Date of Issue \_\_\_\_\_

Term of License - From \_\_\_\_\_ To \_\_\_\_\_

Number of Taxicabs operated by applicant \_\_\_\_\_

DIRECTOR OF ADMINISTRATIVE SERVICES