CITY OF HILLSDALE

TAXICAB APPLICATION

License Year - **January 1 - December 31**

Registrant's Name /_____/_____/_____
Last First Middle

Address _____

Phone Number _____

Date of Birth _____

Driver's License & Type _____

State License _____ Insurance Co._____
Policy #_____
Phone #_____

Registrant's Signature _____
(Authorizes City to perform background check)

Annual Fees:
First Car $50.00 $_____
Additional Car $25.00 $_____

POLICE DEPARTMENT USE ONLY

_____ _____
Date received Date returned to Clerk's Office and Identification Check Information

Above Information Verified_____Not Valid_____

Investigating Officer's Signature_____

Clerk's signature & date:_____

Copies of Driver's License and Vehicle Registration attached: ( )Y ( )N