

For Police Use Only

New License # _____
Fee _____
Expiration Date _____

CITY OF HOUGHTON
APPLICATION FOR TAXICAB CERTIFICATE

This application for: _____ New Certificate _____ Transfer from Certificate # _____
 (check one) _____ Renewal of Certificate # _____ _____ Other _____

The undersigned hereby makes application for a Taxicab License, as set forth in Chapter 94 of the City of Houghton Code of Ordinances.

Applicant Name: _____

Applicant Address: _____

Daytime Telephone: _____

Title Holder: _____

Company Affiliation: _____

Taxicab Insured by: _____

Check One: _____ Metered Vehicle _____ Non-Metered Vehicle

Vehicle Information: (If application is for a used vehicle, please attach a City of Houghton Taxicab Board Used Car Inspection Report.)

_____ (Year)	_____ (Make)	_____ (Vehicle Identification Number)	_____ (State License #)	_____ (Cab Co. #)
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I certify that the information contained in this application is true to the best of my knowledge.

Signature of Applicant

Printed Name of Applicant

The foregoing application for certificate is hereby approved.

Police Department Date