

# 2017 APPLICATION FOR NEW TAXICAB BUSINESS

*One Time Fee \$25.00*

Name of Primary Applicant \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name of Secondary Applicant \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Business Name \_\_\_\_\_

DBA if applicable \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Federal ID # \_\_\_\_\_

*This application only applies to the above named applicant(s). If the business is sold, in whole or in part, a new application must be completed and a new fee paid.*

*(please circle one)*

I have investigated the above named applicant(s) and recommend **for / against** approval of this license.

\_\_\_\_\_  
Signature – Chief of Police – City of Marshfield

\_\_\_\_\_  
Date