

Application for Taxicab/Livery License

1) Name of Applicant: _____

2) Address of Applicant: ~ _____

3) Intended Place of Business in Sturbridge (street address of business):

4) Name of Manager or Principal Representative

Name: _____

Address: _____

Phone Number: _____

5) Proposed Days/Hours of Operation: _____

6) Description of Proposed Vehicles, including make, model and age:

Vehicle #1 Vehicle #2 Vehicle #3 Vehicle #4

Make
Model
Age

(Attach a copy of the vehicle registration for each vehicle and a copy of the insurance certification for each vehicle) .

7) Full Name and Address of Driver(s):

Name: _____

Address: _____

(Attach copy of current, valid Massachusetts Operator's License)

8) List previous experience operating a vehicle for hire:

9) List convictions or guilty pleas to criminal offenses:

10) List traffic violations for the prior two (2) years:

Approval of the Chief of Police:

Approved _____

Disapproved _____

Date:

Fee~ Paid:

Yes

No