

Application for
TAXICAB/LIVERY LICENSE
(fill out one for each vehicle)

To the Board of Selectmen
Town of Plymouth
Massachusetts

Date: _____

The undersigned hereby makes application for a Taxicab/Livery License: **(Circle One)**

Business Name: _____

Business Address: _____

Where will the vehicle be stored: _____

Owner Name: _____

Residential Address: _____

Kind of Car: _____
(make, model and year)

Taxicab Identification Number: _____
(If you have more than one vehicle)

Description of Car: _____

Number of Passengers: _____
(Exclusive of Driver)

Registration Number of Vehicle: _____
(Please include a copy of your registration)

Engine Number of Vehicle: _____

Signature of Applicant: _____

Sworn to me this _____ day of _____ 2_____

Please return this form with a copy of your certificate of insurance coverage page for the vehicle and a copy of your registration.

Inspectional Services

Date