

**OFFICE OF THE CITY CLERK-LICENSE APPLICATION**

**20\_\_ TAXI VEHICLE LICENSE**

FEE: 20.00 Per Vehicle

DUE DATE: January 1, 20\_\_

EFFECTIVE January 1, 20\_\_ - December 31, 20\_\_

**COMPANY NAME:**

**ADDRESS:**

**PHONE#:**

**OWNER/APPLICANT:**

**SALES TAX ID #:**

**VEHICLE:**

Year

Present Mileage:

Make

Model

Color

Plate

Seating Capacity:

**VIN #:**

**INSURANCE CARRIER:**

*The above referenced company does hereby apply for a Taxi Vehicle License in the City of Oneida*

**FOR OFFICE USE ONLY**

**I HEREBY APPROVE THE ABOVE APPLICANT FOR A CITY TAXI VEHICLE LICENSE**

\_\_\_\_\_  
Oneida Police Department

License #:

Expiring:

\_\_\_\_\_  
Oneida City Clerk