

TOWN OF ROCKINGHAM

P.O. Box 370

Bellows Falls, VT 05101

Taxi Cab License Application

OFFICE USE ONLY

Applicant: _____	Date Application Received: _____ Initial: _____
Check One: Original License (\$100.00) _____	Physician's Statement _____
Renewal License (\$50.00) _____	Current Driver's License: _____
Fee Paid: Check # _____ Cash _____	Certificate of Insurance: _____
Selectboard Meeting: _____	Vehicle Inspection: _____

Applicant's Name: _____

Doing Business As: _____

Business Location: _____

Business Mailing Address: _____

Taxi Cab Vehicle Information:

Vehicle #1

Year _____ Make _____ Model _____ Color _____
 Vehicle ID # _____ Plate # _____ Registration Expires: _____
 Maximum Passenger Seating Capacity: _____
 Do you have the title to this vehicle? _____ If no, please give the name and address of lien holder: _____

Vehicle #2

Year _____ Make _____ Model _____ Color _____
 Vehicle ID # _____ Plate # _____ Registration Expires: _____
 Maximum Passenger Seating Capacity: _____
 Do you have the title to this vehicle? _____ If no, please give the name and address of lien holder: _____

Vehicle #3

Year _____ Make _____ Model _____ Color _____
 Vehicle ID # _____ Plate # _____ Registration Expires: _____
 Maximum Passenger Seating Capacity: _____
 Do you have the title to this vehicle? _____ If no, please give the name and address of lien holder: _____

Documentation Required:

- A. Vehicle inspection by an official State inspector of motor vehicles for each vehicle listed above as outlined in Section 6 (c) (1 & 2) of the Town of Rockingham Vehicles for Hire Taxicab Ordinance. I understand that it is my responsibility to have each vehicle inspected by a State Inspector and to present documentation to the Town of Rockingham.
- B. Rates of fares to be charged to be attached to this application. (Note: Any change in fare rates must be submitted to the Rockingham Selectboard (Town of Rockingham Vehicles for Hire/Taxicab Ordinance, Section 3).

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C. Valid and current certificate of insurance from an insurance company authorized to do business in the State of Vermont as required by Section 6 (c) (3) of the Town of Rockingham Vehicles for Hire Taxicab Ordinance. Individual certificates are required for each vehicle listed above. I understand that I have an ongoing obligation to disclose in writing to the Town of Rockingham if the policy is cancelled or altered in any way or if the certificate of the Commissioner of the Vermont Department of Motor Vehicles is suspended or revoked.

Please answer the following questions:

D. Have you ever held a taxi cab license or taxi driver’s license before? _____
If yes, please state where and when: _____

E. Have you ever been denied a taxicab license or a taxi driver’s permit? _____
If yes, please explained: _____

F. **Schedule of Taxicab Operation:** Days of Week _____ Hours of Operation _____

I have read the Town of Rockingham Vehicles for Hire/Taxicab Ordinance and I agree to abide by the requirements and regulations therein set down as applied to taxicab operators. All information on this application is true. I understand that each taxicab permit expires on January 1 and I will need to renew this application on a yearly basis.

Signature Date

PLEASE CONTACT THE ZONING OFFICE AT 463-1229 TO MAKE SURE THAT ZONING REQUIREMENTS ARE MET

I Recommend/Do Not Recommend Approval of this application for a taxicab license.

Bellows Falls Police Chief Date

Approved/Disapproved by the Rockingham Selectboard at its meeting on _____.

Selectboard Chair Date