



Taxicab Vehicle Report

VEHICLE INFORMATION

Company Name: _____

Make and Model of Vehicle: _____

Color: _____ Year: _____ License Plate #: _____

VIN Number: _____ Vehicle Capacity: _____

Address where this vehicle will be located when not on duty:

Length of time vehicle has been in use: _____

Name and Address of Holder of Legal Title to Vehicle if other than applicant:

Is vehicle leased, licensed or under any form of contract permitted to be used and operated by some other person than the one holding the legal title? _____

What person collects the revenues from the operation of said taxicab and pays the expenses of operating the same? _____

Operator Name: _____

Date: _____