

**APPLICATION TO OPERATE PUBLIC VEHICLES  
WYTHEVILLE, VIRGINIA**

Date \_\_\_\_\_

TO: Town Council, Town of Wytheville, Virginia.

1. Application to operate Taxicabs/Limousines/Public Vehicles is hereby made by:

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

BUSINESS STREET ADDRESS \_\_\_\_\_

BUSINESS MAILING ADDRESS \_\_\_\_\_

2. Financial ability and responsibility of applicant. (Show evidence of adequate insurance, indicating liability limits, and company.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name and address of person lending money or furnishing capital to applicant.

\_\_\_\_\_

4. Number of vehicles, kind, seating capacity, body type, year model, and color for each vehicle.

<b>YEAR MODEL</b>	<b>MAKE</b>	<b>BODY TYPE</b>	<b>CAPACITY</b>	<b>COLOR</b>
-------------------	-------------	------------------	-----------------	--------------


5. Conviction or pleas of guilty for any violation of the law?  
YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOW MANY? \_\_\_\_\_

6. Reason why applicant believes public convenience and necessity require granting of application.

\_\_\_\_\_  
\_\_\_\_\_

Operating under Company Name of \_\_\_\_\_

Signed \_\_\_\_\_