

**APPLICATION TO OPERATE TAXICABS
WYTHEVILLE, VIRGINIA**

Date _____

TO: Town Council, Town of Wytheville, Virginia.

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

NAME _____

HOME ADDRESS _____

BUSINESS STREET ADDRESS _____

BUSINESS MAILING ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____

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.

YEAR MODEL	MAKE	BODY TYPE	CAPACITY	COLOR
-------------------	-------------	------------------	-----------------	--------------

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 _____