

TAXI CAB APPLICATION



TOWN OF HALIFAX

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS OWNER _____

CONTACT NUMBER _____

LOCAL ADDRESS WHERE BUSINESS WILL BE OPERATING _____

DESCRIPTION OF VEHICLE(S) TO BE USED _____

NAME OF DRIVERS

ADDRESSES OF DRIVERS

SIGNATURE OF APPLICANT _____

**RETURN TO THE SELECTMEN'S OFFICE
499 PLYMOUTH STREET, HALIFAX, MA 02338
OR FAX 781-294-7684**