CITY OF NORWALK
APPLICATION FOR TAXICAB FRANCHISE

Company Information

Company Name _____ Telephone _____

Company Address _____

_____

Applicant Information

Applicant's Name _____ Telephone _____

Applicant's Title _____ Social Security No. _____

Applicant's Address _____ Date of Birth _____

_____ Driver's Lic. No. _____

Vehicle Information

Make/Model/Year of Vehicle _____

Vehicle License Plate No. _____

Vehicle Identification No. (VIN) _____

Seating Capacity _____

Date of Last Inspection (attach copy) _____

****If more than one vehicle, please attach the above information for each vehicle on a separate sheet**

Please list the following information for all persons who will be authorized to drive:

Name	Address	Driver's License No.	Date of Birth

The following items must accompany this application:

1. Schedule of zones and fares to be charged
2. Indemnity bond required by section 721.10 of the Norwalk Codified Ordinances
3. General liability policy required by section 721.10 of the Norwalk Codified Ordinances

In signing this application, I hereby give permission to the City of Norwalk to conduct a background check. All information included on this application is true and accurate to the best of my knowledge.

_____ _____

Signature of Applicant Date

For Internal Use Only

Received date _____ _____

Approval date _____ Safety/Service Director Signature

Denial date _____

Reason for denial _____

_____