

**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	_____	Safety/Service Director Signature
Approval date	_____	
Denial date	_____	
Reason for denial	_____	
<input type="checkbox"/> fee paid	_____	