

**CITY OF NORWALK
APPLICATION FOR VEHICLE TO BE
LICENSED AS A TAXI IN THE CITY OF NORWALK**

Franchisee Information

Company Name _____ Telephone _____
Company Address _____

Vehicle Information

Make/Model/Year of Vehicle _____
Vehicle License Plate No. _____
Vehicle Identification No. (VIN) _____
Seating Capacity _____
Date of Last Inspection (attach copy) _____

Insurance Information

Carrier Name _____
Carrier Address _____

Signature of Applicant

Date

For Internal Use Only

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