



City of Chelsea
LICENSING COMMISSION
 City Hall, 500 Broadway
 Chelsea, MA 02150

Deborah A. Clayman
 City Clerk

Telephone: 617-466-4050
 Fax: 617-466-4059
 dclayman@chelseama.gov

TAXICAB OPERATION/STAND LICENSE
APPLICATION/RENEWAL FORM
 (Use Pen Only - Print Clearly)

_____ Public hearing to Conduct New Taxicab Operation
 (complete questions #1 through #6 only and CORI request form)

_____ Public hearing to Transfer Taxicab Operation License

_____ Public hearing for Additional Taxicab License(s)
 (complete questions #1 through #6 only and CORI request form)

_____ Change of Officer(s) _____ License Renewal

_____ Change of Vehicle _____ Change of Registration

1) Corporation Name _____

2) Address _____

3) Business Name _____

4) Business Telephone _____

5) List names and titles of all officers of corporation, including the manager and all members of the board of directors. Give full name, home address, date of birth, and social security number for each:

<u>Name and Title</u>	<u>Address</u>	<u>D/Birth</u>	<u>Soc. Sec. #</u>

6) Have you ever been convicted for violating any state or federal law?

Yes _____ No _____ If yes, explain: _____

- 7) Taxicab License # _____
- 8) Mass. Registration # _____
- 9) Vehicle Identification _____
- 10) Make _____
- 11) Year _____
- 12) Vehicle will be garaged at _____
- 13) Insurance Company _____
- 14) Insurance Company Telephone _____

I understand that any false statement on this application will result in immediate revocation of the license that was issued or reason not to issue the same.

Applicant's Signature

Date

Return application to Deborah A. Clayman, City Clerk, City Hall, 500 Broadway, Room 209, Chelsea, MA 02150, with the following:

- 1) CORI Request Form;
- 2) Certificate of Good Standing from the Massachusetts Department of Revenue;
- 2) Application fee (non-refundable) in the amount of \$50 (check or money order only), payable to the City of Chelsea (not applicable for renewals).

Upon receipt of the above, you will be notified of the public hearing date. Upon approval of your application, you will be required to produce the following prior to issuance of a Taxicab Operation License:

- 1) Completed Insurance Verification Form;
- 2) \$100 License Fee for each Taxicab Operation License.

INSURANCE VERIFICATION FORM

License # _____

Owner's Name _____

Name of Corporation _____

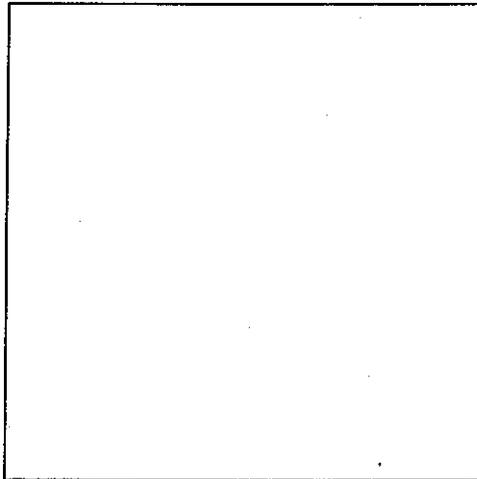
Insurance Carrier _____

Insurance Agent _____

Insurance Agent Telephone # _____

Rating Territory _____

INSURANCE COMPANY
STAMP AND SIGNATURE:



The undersigned certifies that the above insured vehicle is garaged and rated in the City or Chelsea and further certifies that the insurance is in effect as of:

_____ Date

_____ Agent Signature