

Permit #100

**APPLICATION
TAXI CAB PERMIT**
Village of Mount Gilead, Ohio
In Accordance with Chapter 725
Mount Gilead Village Codified Ordinances

NAME _____

ADDRESS _____

TELEPHONE No. _____

DESCRIPTION OF APPLICANT:

Date of Birth _____

Height _____

Weight _____

Hair Color _____

Eye Color _____

Social Security Number _____

NAME AND ADDRESS OF EMPLOYER (If not owner) _____

GIVE A BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS AND SERVICES.

LENGTH OF TIME THAT YOU DESIRE TO DO BUSINESS (Annual licenses expire on December 31 in the year when issued.) Fee is not prorated. _____

All vehicles will be inspected by the Mt. Gilead Police prior to a license being issued.

**Fees: Section 725.03--\$100.00 per year. Allow 2 weeks for approval. Payment must accompany application.
Proof of insurance required.**

ACTION ON APPLICATION

APPROVED BY:

Chief of Police, Village of Mount Gilead _____ DATE _____

Administrator, Village of Mount Gilead _____ DATE _____

NOT APPROVED: _____

Reasons listed on back of this application.

This application is the permanent property of the Village of Mount Gilead.