

**CITY OF HANNIBAL, MO
APPLICATION FOR TAXI CAB LICENSE**

Please Print

Name _____
Last Middle First

Address _____
Street City State Zip

Date of Birth _____ Social Security No. _____

Business Phone _____ Home Phone _____

Please submit proof of insurance with this application.

VEHICLE 1.

Make _____ Model _____

Year _____ State License Number _____

Engine Number _____ Factory Number _____

VEHICLE 2.

Make _____ Model _____

Year _____ State License Number _____

Engine Number _____ Factory Number _____

VEHICLE 3.

Make _____ Model _____

Year _____ State License Number _____

Engine Number _____ Factory Number _____

VEHICLE 4.

Make _____ Model _____

Year _____ State License Number _____

Engine Number _____ Factory Number _____

Application approved by: _____

Title: _____ Date: _____