



# HOULTON POLICE DEPARTMENT



97 Military Street  
Houlton, ME 04730

Phone: 207-532-2287  
Fax: 207-532-1323

## Taxicab Business Application

New       Renewal

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street    City/Town    State    Zip code

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Owner(s) Information

1. Name: \_\_\_\_\_ ME Driver License #: \_\_\_\_\_

a. List any past criminal convictions or indicate "none": \_\_\_\_\_

b. Copy of driver license provided?      Yes / No

2. Name: \_\_\_\_\_ ME Driver License #: \_\_\_\_\_

a. List any past criminal convictions or indicate "none": \_\_\_\_\_

b. Copy of driver license provided?      Yes / No

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that the above statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## HPD Office Use Only

Town Council Public Hearing on \_\_\_\_\_  Approved  Denied      Total Due \$ \_\_\_\_\_

Approved       Denied - Reason \_\_\_\_\_

Approved/denied by Chief of Police \_\_\_\_\_ Date: \_\_\_\_\_

If approved, Copy of Taxicab Ordinance received by \_\_\_\_\_