



Taxi Owner Application

Name of Applicant _____

Address of Applicant _____

Business Phone Number _____ Home Phone Number _____

Business Name _____

Location of Taxi Stand or Stands _____

Number of Vehicles _____

Description of Vehicle/s:

Make _____ Year _____ Serial No. _____

Color _____ Registration No. _____

Insurance _____

Make _____ Year _____ Serial No. _____

Color _____ Registration No. _____

Insurance _____

Signature of Owner

Authorization of Police Chief or his/her agent of taxi vehicle inspection

City of Ellsworth Clerk's Office
1 City Hall Plaza
Ellsworth, ME 04605
(207) 669-6604

RENEWAL INVOICE

INVOICE DATE:
AMOUNT DUE: \$
LICENSE EXP. DATE:

DESCRIPTION	LICENSE FEE
<p style="text-align: center;">TAXI OWNER LICENSE (1 licensed vehicles @ \$35 per vehicle)</p>	\$35
<p style="text-align: center;">TAXI DRIVER'S LICENSE (1 licensed driver's @ \$20 per driver)</p>	\$20
<p>Please submit copies of the following:</p> <ul style="list-style-type: none"> ➤ Driver licenses of all licensed drivers ➤ Insurance cards on each licensed vehicle ➤ Motor vehicle registrations for each licensed vehicle 	

Please detach portion below and send with your remittance and application

	PAYMENT DUE DATE	
Taxi/Taxi Driver License	AMOUNT DUE	\$

SUBMIT TO:
 CITY CLERK'S OFFICE
 1 CITY HALL PLAZA
 ELLSWORTH, MAINE 04605
 (207) 667-2563 X 129

MAKE ALL CHECK PAYABLE TO:
 CITY OF ELLSWORTH

PLEASE LET ME KNOW IF YOU ARE OUT OF BUSINESS BY EITHER CALLING ME AT 667-2563 X 129 OR EMAILING ME AT hgrindle@cityofellsworthme.org.