THE COMMONWEATH OF MASSACHUSETTS
TOWN OF BOURNE
APPLICATION FOR LICENSE
(TAXI)

No: _____ Date: _____

To the License Authorities:
The undersigned applies for a Taxi License in accordance with the provisions of the Statutes relating thereto.
Name: _____
(full name of person/firm/corporation making application)

Home Address: _____

_____

Mail Address: _____

_____

Telephone: _____
(Business) (Home) (Cell)

Email: _____

Make and year of vehicle: (1) _____

Number of passengers: (1) _____Registration number (1):_____

VIN (1):_____

Inspection done by: _____Date_____Approved_____Yes_____No

Make and year of vehicle: (2) _____

Number of passengers: (2) _____Registration number: (2) _____

VIN (2):_____

Inspection done by: _____Date_____Approved_____Yes_____No

Insurance Company: _____

Address; _____

_____

In said Town of Bourne in accordance with the rules and regulations made under authority of said statues.

_____
Signature of Applicant

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Approved :____(yes) _____(no) License Granted this____day of_____

Chairman, Board of Selectmen_____

Bodily Injury:
$100,000 – each person
$300,000 – each accident
$250,000 – property damage