

Return To: City of Concord  
Code Administration  
Health Services  
37 Green St  
Concord, NH 03301



Permit #: \_\_\_\_\_  
Check #: \_\_\_\_\_  
**Fee \$100.00**  
Make checks payable to  
**CITY OF CONCORD**  
Allow **seven (7)** days for  
processing

## Application for Taxicab License

### Applicant Information

Owner's Name:	_____	Phone:	_____
Address:	_____		
	<i>Street Address</i>	<i>Unit #</i>	_____
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Company Name:	_____		
Company Address:	_____		
	<i>Street Address</i>	<i>Unit #</i>	<i>City/State</i>
			<i>ZIP Code</i>
Company Phone:	_____		
Insurance Co.:	_____	Phone:	_____
Expiration Date:	_____		

### Vehicle Information

Year:	_____	Make:	_____
Model:	_____	Color:	_____
VIN:	_____		
Plate #	_____	Expires:	_____

### Additional Documents

Copy of Certification of Insurance to include the following coverage:	
<u>Personal Injury</u> : \$100,000 for one person & \$300,000 for more than 1 person	YES <input type="checkbox"/> NO <input type="checkbox"/>
<u>Property Damage</u> : \$100,000 for each accident	YES <input type="checkbox"/> NO <input type="checkbox"/>
Copy of current registration	YES <input type="checkbox"/> NO <input type="checkbox"/>

**It is the responsibility of the applicant to obtain the necessary insurance required for submittal. If your insurance coverage expires within the license year (October 1<sup>st</sup> to October 1<sup>st</sup>) you should contact your insurance agent to request that a copy of your renewed insurance policy be forwarded to this office. Applications will not be processed without accompanying insurance certificate. All licenses will immediately terminate upon expiration of applicant's insurance policy.**

**License Expires on October 1<sup>st</sup> of Each Year**

### Disclaimer and Signature

***I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Health & Licensing Officer: \_\_\_\_\_ Date: \_\_\_\_\_