



TOWN OF MAYNARD

Select Board

MUNICIPAL BUILDING

195 Main Street

Maynard, MA 01754

Tel: 978-897-1301

Fax: 978-897-8457

www.townofmaynard-ma.gov

Taxicab - Livery Application

The undersigned hereby applies for a license in accordance with the Town of Maynard Taxicab rules and regulations to drive a taxi within the Town of Maynard.

Driver Name: _____

Fee: **\$200.00**

Address: _____

Operator's License Number: _____

List Vehicle License Plate Number: _____

Social Security #: _____

Date: _____

Place of Birth: _____

Date of Birth: _____

Mothers Maiden Name: _____

Fathers Name: _____

Provide Certified Copy of Registry of Motor Vehicle Driving Record:

Provide Full copy Auto Insurance with vehicles listed as insured under Business Name

CORI Request:

Motor Vehicle Violations in the past year:

Date	Location	Offense

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Two (2) ID Photographs 2 1/2" x 2 1/2" must be filed with this application.

Signature of Applicant

Current Address

Phone:

Cell: