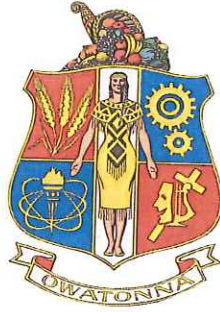


THE CITY OF



OWATONNA

APPLICATION
TAXICAB LICENSE
SECTION 491 1992 ORDINANCE CODE OF OWATONNA

Name of Applicant: _____
Name of Business: _____
Address: _____
Phone Number: _____
Term: _____ to _____

VEHICLES:

1) Make _____ Model _____ Year _____
of Engine _____ Serial # _____
2) Make _____ Model _____ Year _____
of Engine _____ Serial # _____
3) Make _____ Model _____ Year _____
of Engine _____ Serial # _____
4) Make _____ Model _____ Year _____
of Engine _____ Serial # _____

VEHICLE INSPECTION:

Place: _____ Date: _____

Items to return with your completed application:

- _____ Copy of Vehicle Inspection Report.
- _____ Schedule of Proposed Maximum Rates.
- _____ Certificate of Liability Insurance naming City as an Additional Insured.

Signature of Applicant

Date

Fee Paid