



# City of Rochester, New Hampshire

## Building and Licensing Services

### Taxicab Vehicle-Transfer Permit Application

Cost: \$5.00

#### License Holder Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Business Information:

Business Name: \_\_\_\_\_ Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Daily Operator (Manager): \_\_\_\_\_ Phone: \_\_\_\_\_

#### Vehicle Description:

Year-Make-Model: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Inspection Sticker #: \_\_\_\_\_ Body Style: \_\_\_\_\_

Copy of Registration Filed: \_\_\_\_\_ Insurance Cert. Filed: \_\_\_\_\_

**NOTE: No permit will be issued until the applicant has provided the Building and Licensing Office with proper certification of insurance coverage.**

*I agree to comply with all rules and regulations pertaining to the City Ordinance adopted by the City of Rochester and all State Statutes, where applicable, pertaining to the license applied for.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date