



Village of Crestline
 100 N. Seltzer St., Crestline, Ohio 44827
 Ph.: 419-683-3800 Fax: 419-683-4205
 www.crestlineoh.com

Linda Horning Pitt
 Mayor
 Corey M. Spackey
 Village Administrator

Taxicab Permit

Permit # _____

Applicant: _____

Phone #: _____

Address: _____

Company Name: _____

Purposed use: _____

Company Address: _____

No. Street

Phone # _____

License Fee: **\$ 25.00**

Expiration is December 31

Vehicle Description:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Vehicle License No.</u>	<u>Drivers license No.</u>	<u>Operator</u>
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List any additional vehicles on back

Requirements:

- yes / no A full transcript of information appearing on the certificate
- yes / no Must maintain an Ohio drivers license
- yes / no Has met the required amount of insurance
- yes / no Displaying of the rates
- yes / no No driver under the age of 21
- yes / no Whenever a licensee shall for a period of 60 days fail to make a reasonable effort to operate, license will be revoked
- yes / no Renewal of license, after 1 year shall be entitled to renewal for each succeeding year without any finding.
- yes / no Inspection of vehicles, must have an unexpired certificate of inspection indicating that it has been found safe.

The operator of a taxicab shall present each vehicle to be used as a taxicab for inspection and testing at a service station designated by the Director every 6 months.

 Signature of Permit Holder, (I hereby affirm that the above statements are true)

Date: _____

 Signature of Approval from Safety Service Director or Assistant.

Approved: _____

 Signature of Approval from Inspecting Officer

Rejected: _____