

Taxi/Livery License (Owners)

License Expires 04/30

New applications:

*Application form is submitted.

*A Copy of the Vehicle Registration and Insurance voucher required.

*Applicant submits all above documents to License Division.

*Applicant Pays fee. \$100.00

*Applicant contacts Weights and Measures, 25 Meade St. to have meter sealed on vehicle. (Taxi Only)

*Officer inspects Vehicles.

Permit Issued to applicant.

**If the request is not granted, Applicant advised of reason(s) and options

Renewal applications:

*Submits applications to WPD License Division.

*A Copy of the Vehicle Registration and Insurance voucher required.

*Applicant Pays fee. \$100.00

Permit Issued to applicant.

TAXI MEDALLION APPLICATION

Medallion # _____

(1) IF A PROPRIETORSHIP

Name of Owner: _____

Home Address: _____

Business Phone: _____ Home Phone _____

(2) IF A CORPORATION

Full Legal Name: _____

Address of Business: _____

OFFICERS OF CORPORATION

Name

Address

ALL: Dated this _____ day of _____

Name: _____

Title: _____

Business Address: _____

Business Phone: _____ Home Phone: _____

Social Security or Federal I.D. # _____

Signature

Date

LIVERY VEHICLE OWNER APPLICATION

(3) REGISTERED VEHICLE OWNER

Name of Owner: _____

Home Address: _____

Date of Birth: _____ Social Security: _____

Driver's License #: _____ Home/Cell Phone: _____

(4) VEHICLE DESCRIPTION

Year _____ Make _____ Model _____ Color _____

License Plate # _____ VIN # _____

Address of where vehicle is garaged: _____

(5) EMPLOYER

Name of Business: _____

Owner of Business: _____

Address of Business: _____

Business Phone: _____

Business Tax ID #: _____

Signature

Date

**** ATTENTION: All applications must be accompanied by vehicle registration, registered owner's drivers' license, and a letter from the employer, if not self employed.**

WORCESTER POLICE DEPARTMENT
LICENSE INVESTIGATION UNIT
9-11 LINCOLN SQUARE ROOM 108
WORCESTER, MA 01608

PLEASE VERIFY THE ZONE AND OCCUPANY FOR THE FOLLOWING:

TO BE COMPLETED BY APPLICANT:

LOCATION OF BUSINESS: _____

TYPE OF LICENSE APPLIED FOR: _____

OTHER BUSINESSES IN SAME LOCATION: YES _____ NO _____

SIGNATURE OF APPLICANT _____ DATE: _____

TO BE COMPLETED BY INSPECTIONAL SERVICES:

ZONE _____ PERMITTED USE: YES _____ NO _____

OCCUPANCY PERMIT: _____ APPROVED: _____ DENIED: _____

INSPECTIONAL SERVICES SIGN OFF BY: _____

DATE: _____

**PLEASE HAVE THIS FORM SIGNED BY THE CITY OF WORCESTER
DEPARTMENT OF INSPECTIONAL SERVICES, BUILDINGS & ZONING, 25
MEADE ST., WORCESTER, MA (508) 799-1198.**