

APPLICATION FOR TAXI LICENSE

Business Name: _____

Date: _____

Address

Phone

Owner's Name

Phone

Address

YEAR	MAKE OF VEHICLE	MODEL	SEATING CAPACITY
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RATES:

_____	Per person within the City limits
_____	Per mile outside City limits
_____	Grade school student, each single person.
_____	Three or more students, same stop
_____	Per child to and from school
_____	Stops and waiting time
_____	Delivery Services
_____	Additional charge for groceries, laundries and other articles
_____	Hire of cab per hour
_____	Hire of cab after garaged from 12:00 p.m. until 5:30 a.m.
_____	Senior Citizens per person within city limits (age 62 or older)
_____	Golden Buckeye discount

SUNDAYS AND HOLIDAYS (over and above standard fees)

_____	One passenger any age to destination of one mile
_____	One passenger any age to destination one mile and not under two miles
_____	Children between 6-12 years of age accompanied by an adult
_____	One passenger single round trip with five minutes wait, not over two miles.

INSURANCE COMPANY

Name and Address _____

Signature of applicant

Please return to: City of Hillsboro, 130 N. High St., Hillsboro, OH 45133; Phone (937)393-5219
Fax: (937)393-0516; Email: nscott@hillsboroohio.net or kellison@hillsboroohio.net