

CITY OF RAWLINS  
P.O. BOX 953  
RAWLINS, WY 82301



**TAXICAB OPERATOR BUSINESS LICENSE APPLICATION**

**Business Name:** \_\_\_\_\_

**Owner of Business:** \_\_\_\_\_

**Address of Business:** \_\_\_\_\_ **RAWLINS, WY 82301**

**Business Phone Number:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Taxi #1 Year:                      Make:                      Body Type:**

**Vin #:** \_\_\_\_\_

**Taxi #2 Year:                      Make:                      Body Type:**

**Vin #:** \_\_\_\_\_

**Taxi #3 Year:                      Make:                      Body Type:**

**Vin #:** \_\_\_\_\_

**Taxi #4 Year:                      Make:                      Body Type:**

**Vin #:** \_\_\_\_\_

**ANNUAL LICENSE FEE:            \$25.00 OPERATOR'S FEE**  
**\$10.00 FEE FOR EACH TAXI (VEHICLE)**

**EACH VEHICLE MUST BE INSURED WITH LIABILITY INSURANCE IN AN  
AMOUNT NOT LESS THAN \$500,000.00. PROOF OF INSURANCE MUST  
ACCOMPANY THIS APPLICATION (Ord. 04-2014)**

**Insurance Carrier:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State Zip:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_