



OFFICE OF THE CLERK/TREASURER City of Burlington

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City of Burlington Vehicle for Hire Business License Application

NOTE: Any false statements will cause automatic rejection of license

Business Information:

Business Name: _____
Physical Address: _____ City: _____ State: _____ Zip Code: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Business Phone # _____ Email: _____ Website: _____
Insurance Company: _____ Insurance Company phone #: _____

Owner Information:

Last Name: _____ First: _____ Middle: _____
Physical Address: _____ City: _____ State: _____ Zip Code: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone # _____ Email: _____ Cell # _____
Social Security # _____ License # _____ Date of Birth _____

Number of Drivers: _____ X \$150.00 Total: _____

Number of Vehicles: _____ X \$100.00 Total: _____

By signing below, you agree to hold the City harmless from any and all claims, demands, damages, causes of actions, and costs, including all costs of litigation, costs of any kind including attorney's fees, arising out of operation or use of a taxicab or other vehicle for hire licensed under this chapter.

You agree to abide by the terms and conditions of the City of Burlington Vehicle for Hire Ordinance and any airport regulations and to comply with all federal, state or local laws. You acknowledge that:

1. It is a violation of this ordinance for a taxicab business licensee to knowingly employ a driver who does not hold a valid Vermont Operator's License or taxicab driver's license required hereunder and/or to permit him or her to use or operate a vehicle licensed hereunder, and such business licensee shall be subject to a suspension or revocation including all taxicab registration and inspection permits issued to that licensee for the duration of each current license and up to one (1) year thereafter for each license.
2. Each Question and answer and each statement made in the application, or any proof required shall be deemed material.

Signature of Applicant

Date

VCIC
 SSCI _____

Date Received: _____
License Fee Paid: _____

License #: _____
Date Issued: _____