

City of Auburn
60 Court St
Auburn ME 04210
Phone: 333-6600 ext: 1121 Fax: 333-6623

Renewal: Application for License to Drive Taxicab

I, the undersigned, respectfully make application with you to grant renewal of my license to drive taxicabs in the City of Auburn, Maine.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY/ZIP: _____ TELEPHONE #: _____

EMPLOYED BY: _____

ME. DRIVER'S LIC#: _____ EXPIRATION DATE: _____

HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

I, the above named applicant, swear the information above is true, correct and complete to the best of my knowledge and ability. ***A copy of my Maine Drivers License and Lewiston Cab Drivers License is required at the time of renewal.***

Applicant Signature

Date

Fee: \$25.00

FOR OFFICE USE ONLY:

Date of Issue: _____

Date of Expiration: _____

License #: _____