

## RENEWAL APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

Name of Ap	oplicant:						
Telephone:			Cell Number:				
Home Addr	ess:						
Trade Nam	e:		Telephone:				
Business A	ddress:	<del> </del>				<del></del>	
What are yo	our driver(s)?	☐ W-2 Emplo	yee 🛘 1099/Private Contrac	tor			
Vehicle Number	Year	Make	Vehicle Identification Number	Color Scheme	Seating Capacity	License Number	
I certify that	the information	on on this appli	cation is correct.			Fee: \$100.00	
			Name:				
			Title:				
			City				
			day of				
				Notary	Number		
My Commic	ecion Evnirae	/ /					

## Current Taxi Drivers

Last Name	First Name	Middle Name	Date of Birth	Driver's License #	Driver's License Exp. Date	Taxi Permit Exp. Date