



City of Annapolis
Transportation Department
 308 Chinquapin Round Road
 Annapolis, MD 21401-4007



Transit@annapolis.gov • 410-263-7964 • 410-269-0674 • Fax 410-269-5989 • TDD use MD Relay or 711 • www.annapolis.gov

Taxicab Owner Application

Application fee - Non-refundable

Licensing Year July 1, _____ to June 30, _____

Important Notice

False or incomplete responses to any of the following, constitutes perjury and will result in refusal of license or, if granted, revocation of same. All application questions must be answered, if more space is needed, attach additional page and identify answers by heading or number. Please print in ink or type in online. If a question does not apply, put "N/A".

Owner name: If partnership, list partners and extent of ownership. If corporation, list name of president and secretary.

Partnership _____ Ownership _____
 _____ Ownership _____
 Corporation _____ President _____
 _____ Secretary _____

Trade name _____ Phone _____

Business address _____

City _____ ST _____ Zip _____

Email address _____

Vehicle information (attach color photo of vehicle)

Make _____ Model _____ Year _____

VIN _____ Color _____ MD tag _____

City permit _____ County ID _____

I, the undersigned, hereby apply to the Director of Parking and Transportation of the City of Annapolis for a permit to operate my taxicab(s) in the City of Annapolis, and for that purpose file this application, submit the necessary certificates and registrations and make the following certifications:

Owner/Employer Certification

I/We hereby certify that I/We have Workmen's Compensation insurance as required under Article 101 of the Annotated Code of Maryland have a certificate (or copy) of such on file with the Dept. of Transportation:

Signature of applicant _____ Date _____

Owner/Operator Certification

I/We hereby certify that all the taxicabs listed above have been inspected as stipulated in Section 23-101(e) of the Transportation Article of the Annotated Code of Maryland within the past thirty (30) days of the date of this application, and further, submit an Inspection Certificate (or copy of same) attesting to such inspection for each taxicab listed above.

Signature of applicant _____ Date _____

I/We hereby certify to the truth of the statements made in this application and agree to comply with all City, County, State and Federal ordinances, laws and/or statutes including rules of the company or association employing me and the regulation of Chapter 7.18 of the City Code of Annapolis, Maryland 1986 edition, as amended.

Signature of applicant _____ Date _____

Affidavit State _____ County _____

Sworn before me, a Notary Public of the State and County, aforesaid, this _____ day of _____, _____

Notary Public _____ My Commission expires _____

FOR CITY USE ONLY

The following documents (or copies thereof) have been provided:

- Workmen's Compensation Insurance Certificate
- Vehicle Inspection Certificate
- Vehicle Registration Certificate

Signature of Transportation official _____ Date _____

Decision of the Director of Transportation/Designee Approved Disapproved

Signature _____ Date _____