



TOWN OF MACHIAS
TOWN OFFICE
70 COURT STREET - P. O. BOX 418
MACHIAS, MAINE 04854



TOWN OF MACHIAS
TAXI CAB PERMIT APPLICATION

Name of Applicant(s): _____

Address of Applicant (s): _____
Include Phone Number

Name of Company: _____

Address of Company: _____
Include Phone Number

Location of Proposed Stand: _____

Number of Vehicles to be Used: _____

Model, Make and Year of Vehicle: _____

Application Fee (\$25.00)

Signature of Applicant(s): _____
