CITY OF NOME TAXI LICENSE APPLICATION 102 Division Street ~ P.O. Box 281 Nome, Alaska 99762

) 443-6603	
			1 st and ends December 31 st .
proof of insurance.	e accompanied by	y: (I) a lee of \$10	00.00 per year, per cab; (2) and
Name of Business:			
Owner's Name(s):			
Mailing Address:			
Physical Address:			
Number of Cabs:	Telephone:		Email:
Vehicle Infor			formation for each cab
Vehicle Type	Licer	nse Number	VIN Number
			_
Name of Insurance Com	panv:	Policy Numbe	r for each Vehicle:
the laws of the State of A of Nome Taxi Licenses ar	laska that the foreg re not transferable t with the City Clerk	oing is true and c o other operators . I hereby agree th	re under penalty of perjury under orrect. I understand that the City , but are transferable to other nat, for just cause, my Taxi with the appropriate City
Signature of Applicant Date Rec'd in Clerk's Office	License Number Issa	ued:	Date Date Issued/Initials
Amount Paid	Receipt Number		Chauffeur Lic #
Approved by		Tax Compliance Certification: Yes No	
		TesNO	