

**City of South Portland  
Office of the City Clerk  
P.O. Box 9422  
South Portland, ME 04116-9422  
207-767-7628**

**Taxicab Application**  
§14-56, §14-59, and §14-62 to §14-74

\_\_\_\_\_ to June 30, 20\_\_\_\_

South Portland Business Name: \_\_\_\_\_

South Portland Business Address: \_\_\_\_\_

Name of Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner of Premises: \_\_\_\_\_

Address of Owner Premises: \_\_\_\_\_

Taxicab Information: Year of Cab \_\_\_\_\_ Make of Cab \_\_\_\_\_

Vin #: \_\_\_\_\_

**Insurance Binder Required.** §14-59(d): “Such insurance policy or coverage shall be issued for a principal sum sufficient to provide indemnity for personal injury in the amount of not less than three hundred thousand dollars (**\$300,000**) for personal injuries arising out of a single accident, and for **property damage in the amount of fifty thousand dollars (\$50,000)**. The insurance policy shall bear an endorsement thereon that the **city clerk shall be notified in writing no less than thirty (30) days prior to the cancellation thereof**. Written evidence of such coverage shall be filed with the city clerk.”

**\*\* Please note that it is the responsibility of the taxicab company to contact the Sealer of Weights & Measures to perform the inspection of the meters, AND, the original (not a copy) document from the inspector must be presented to the City Clerk’s office for confirmation. \*\***

**\*\* Police Inspection set up for: \_\_\_\_\_ \*\***

\_\_\_\_\_  
Applicant Signature

License Fee: \$60.00 per cab  
Processing Fee: \$20.00  
Total: \_\_\_\_\_

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

**Municipal Use Only**

Date of Application: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

New: \_\_\_\_\_ Renewal: \_\_\_\_\_ Map and Lot #: \_\_\_\_\_ RE Taxes paid: \_\_\_\_\_

Personal Property Taxes: \_\_\_\_\_ Paid: \_\_\_\_\_

**I hereby state that an inspection has been made and the taxicab has been found to be safe and suitable for service in accordance with §14-59(c).**

\_\_\_\_\_  
Police Chief or Designee Signature

\_\_\_\_\_  
Date

Check box when inspection sheet has been brought in (copy attached).