



Clintonville Taxi License

Name _____

Name of Business _____

Address of Business _____

Mailing Address (if different) _____

Phone Number _____

License Period: _____ Ending _____

Fee: \$100.00

SIGNATURE OF APPLICANT

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council	Date license granted
Date license issued	Signature of Clerk	