



Application

Taxi Cab within the City Limits of the City of Port Clinton

Date: _____

Name of company: _____

Name of Owner/Contact for company: _____

Phone number for company: _____

Make: _____

Model: _____

VIN Number: _____

Color: _____ License Plate number: _____

Highway Patrol Inspection Number: _____

Taxi inspections will be conducted only on Tuesdays & Thursdays

8:00 am to 4:00 pm

*******Office use Only*******

1. HP Sticker is present: Yes or No

2. Above information has been confirmed: Yes or No

3. City of Port Clinton Sticker # _____ issued by _____ on _____, _____

Paid: Yes _____ No _____