



**Licensing Department**

150 Concord Street – Memorial Building – Room 121, Framingham, MA 01702-8325

Telephone: 508-532-5402 FAX: 508-532-5409

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**PERMIT TO OPERATE A TAXI CAB COMPANY APPLICATION**

Application Fee \$15.00      Permit Fee - \$250.00

\_\_\_\_\_ Date

Taxi Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Owner: \_\_\_\_\_

FED ID #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

FAX #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Present # of Taxicabs: \_\_\_\_\_

Vehicle Plate # (s) \_\_\_\_\_ Massachusetts Driver License # (s) \_\_\_\_\_

(Submit copy Drivers License and Driving History)

I have read and understand the “Rules and Regulations of Taxicabs in the Town of Framingham” and agree to abide by these regulations if the City Council issues the above company a “Vehicle for Hire Permit”. (Renewable April 1)

Furthermore, I understand that all taxicabs that operate under this “Vehicle for Hire Permit” must have their meters tested and sealed by the Weights and Measures Department and each individual taxicab inspected by the Framingham Police Department. The examiner will issue the individual license for each taxicab after all necessary paperwork is received and necessary inspections performed. I agree that I will charge “only “ fares which have been approved by the Framingham City Council. Hackney Driver License fee \$30.

I certify under the penalties of perjury that all taxes, fees and fines owed to the Commonwealth of Massachusetts and to the City of Framingham have been paid.

Signature of Applicant: \_\_\_\_\_

Please submit the following information:

1. Business Plan - Letter requesting approval from the City Council
2. Completed & Signed Application – \$15.00 Application Fee.
3. Copy of Drivers License and Driving History for each driver.
4. Business Certificate or Articles of Incorporation.
5. Lease Agreement.

Prior to issuance of license the following must be submitted:

- 1 List of Vehicles, Make, Model, VIN ##.
- 2 Copy of Vehicle Registration.
3. Copy of Certificate of Insurance - Vehicle.
4. Signed Workers' Comp. Affidavit and Certificate of Insurance (naming Framingham Licensing Coordinator as Certificate Holder)/Information Page.

The following information must be completed by each driver.

Have you ever been convicted of any crime, felony or misdemeanor in the Commonwealth of Massachusetts, or any other state, or violation of any municipal ordinance or by-law?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state offense: \_\_\_\_\_

\_\_\_\_\_

What was the disposition? \_\_\_\_\_

\_\_\_\_\_

I, the undersigned, understand that any false statements or misrepresentation is just cause for denial of license or permit. I grant authorization for the Framingham Police Department to conduct a criminal records check (CORI).

Signature : \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_