

**CITY OF CROSSVILLE, TENNESSEE
APPLICATION FOR TAXICAB FRANCHISE PERMIT**

Date of Application: _____

NAME OF TAXICAB SERVICE: _____

OWNER'S NAME: _____

ADDRESS: _____

TELEPHONE _____

LIABILITY INSURANCE REQUIREMENTS:

Please attach a Certificate of Insurance showing a minimum coverage of:

- \$25,000 for bodily injury or death per person
- \$50,000 for bodily injury or death per accident
- \$10,000 for property damage

UPON ISSUANCE OF FRANCHISE PERMIT THE FOLLOWING MUST BE COMPLETED BEFORE COMMENCEMENT OF SERVICE:

- List of vehicles
- Vehicle inspection by Police Department
- List of drivers
- Rate sheet

Signature of Owner: _____

FOR OFFICE USE ONLY:

Approval: **Recommended** **Not Recommended**

DATE: _____

Police Chief

Date Issued by City Clerk: _____ **Permit No.** _____