



**City of Crawfordsville, Indiana  
Application for Taxicab License/Authorization of Records Check**

**Application for Calendar Year:** \_\_\_\_\_

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

Permanent Home Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Doing Business As:**

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

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

City/State/ZIP: \_\_\_\_\_

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

**Public Chauffeur's License from State of Indiana:**

Number: \_\_\_\_\_

**Vehicle:** License plate and description of vehicle being used within the City limits of Crawfordsville.

Make	Model	Year	Color	Plate Number/State

**Vehicle Fee:**  First Vehicle (\$25.00)  Second Vehicle (\$15.00)  Each Additional Vehicle (\$5.00); Number: \_\_\_\_\_

**License Fee:**  \$6.00 per driver; number of drivers: \_\_\_\_\_ **Total Fees:** \_\_\_\_\_

**Application Checklist**

- License Fee:** Check above for number of vehicles. Cash/check/MO submitted to Clerk-Treasurer's office.
- Insurance:** Filed with Clerk-Treasurer, proof of insurance from a company licensed to do business in Indiana, with a minimum amount of liability of \$100,000 for the injury or death of one person and \$300,000 for injury or death of any number of persons in one accident; and a minimum amount of liability for property damage in the amount of \$100,000 in any one accident.
- Proof of ID:** Copy of valid government-issued photo ID for each driver.
- Records Check:** Signature below authorizes the City of Crawfordsville Police Department to initiate a criminal records check.

\_\_\_\_\_  
**Signature of Applicant** **Date**

\_\_\_\_\_  
**Crawfordsville Chief of Police** **Date**

\_\_\_\_\_  
**Crawfordsville Clerk-Treasurer** **Date**