

**CITY OF AKRON**  
**TAXICAB AND TRANSPORTATION LICENSE**

**The following information must be submitted with a completed application:**

1. Fees for business and vehicle licenses.
2. Photos of the vehicle showing views of the rear, sides and roof.
3. Safety inspection certificate from the State Highway Patrol or notarized affidavit.
4. Certificate of insurance
5. List of standard rates & fares.

**Expiration:** Expires annually on June 30.

**License Fees:** (License must be displayed in a prominent location of each cab)

Business License fee: \$250.00  
Vehicle License fee: \$25.00 per vehicle for 1 - 5  
\$20.00 per vehicle for 6 - 10  
\$15.00 per vehicle for 11 and over

**Markings:** (All markings are to be painted, stenciled or decal transferred. Markings shall be contrasting in color to the vehicle)

Rear: Name of company owning & operating vehicle in letters approximately 4" in height and the assigned cab number in letters approximately 8" in height.

Sides: Name of company owning & operating vehicle in letters approximately 5" in height, the assigned cab number in letters approximately 6" in height and the rate of fare with the base rate in letters approximately 2" in height and the remaining portion in letters approximately 1" in height.

Roof: Illuminated sign approximately 12" in length displaying the word "TAXI" to the front and rear of vehicle, sign shall be illuminated while vehicle is on duty.

**Inspections:** Safety inspection certificate by the State Highway Patrol for each vehicle to be licensed or signed affidavit certifying each vehicle is roadworthy.

**Insurance:** Certificate of liability insurance for a combined single limit of \$500,000.00. Certificate must include the VIN number, license plate number, make & model of each vehicle.

**Rate of Fare:** A list of standard rates and fares must be displayed in the vehicle at all times. Any changes to the list must be re-submitted to the licensing office.

Vehicle safety inspections can be scheduled with the State Highway Patrol at the following locations:  
There is no fee charged for this service.

4710 Shuffle Rd  
North Canton, OH 44720  
(330) 433-6200

6259 State Rt 14  
Ravenna, OH 44266  
(330) 297-1441



DANIEL HARRIGAN, MAYOR

**CITY OF AKRON  
TREASURY/LICENSE DIVISION  
166 S HIGH ST, ROOM 505  
AKRON, OH 44308  
330-375-2484**

**TAXICAB AND TRANSPORTATION LICENSE APPLICATION**

(Please Print)

CITY OF AKRON

BUSINESS NAME \_\_\_\_\_ TAX ID \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

PHONE NO \_\_\_\_\_ BUSINESS EMAIL \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

FORM OF OWNERSHIP \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_

IF PARTNERSHIP OR CORPORATION, LIST OFFICERS/PARTNERS:

NAME ADDRESS PHONE TITLE

NAME ADDRESS PHONE TITLE

NAME ADDRESS PHONE TITLE

NAME ADDRESS PHONE TITLE

NUMBER OF VEHICLES IN OPERATION \_\_\_\_\_

FOR EACH VEHICLE IN OPERATION PLEASE COMPLETE THE FOLLOWING:

YEAR _____	MAKE/MODEL _____	VIN _____			
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE	YES	NO

YEAR _____	MAKE/MODEL _____	VIN _____			
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE	YES	NO

YEAR _____	MAKE/MODEL _____	VIN _____			
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE	YES	NO

YEAR _____	MAKE/MODEL _____	VIN _____			
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE	YES	NO

YEAR _____	MAKE/MODEL _____	VIN _____			
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE	YES	NO

YEAR _____	MAKE/MODEL _____	VIN _____			
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE	YES	NO

(see supplemental page for additional vehicles)

NAME AND ADDRESS OF ALL OWNERS AND DRIVERS WHO WILL OPERATE THE VEHICLE(S)

NAME	ADDRESS	C.O.A DRIVERS LIC. #
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(see supplemental page for additional drivers)

THE UNDERSIGNED STATES THAT ALL THE ABOVE INFORMATION IS TRUE. THE UNDERSIGNED ALSO ACKNOWLEDGES RECEIPT OF THE LICENSING ORDINANCE AND UNDERSTANDS THE PROVISIONS THEREIN. FALSIFICATION OF INFORMATION IS GROUNDS FOR DENIAL OF A LICENSE.

SIGNATURE OF APPLICANT

DATE

FOR EACH VEHICLE IN OPERATION PLEASE COMPLETE THE FOLLOWING:

YEAR _____	MAKE/MODEL _____	VIN _____		
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE _____	YES NO

YEAR _____	MAKE/MODEL _____	VIN _____		
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE _____	YES NO

YEAR _____	MAKE/MODEL _____	VIN _____		
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE _____	YES NO

YEAR _____	MAKE/MODEL _____	VIN _____		
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE _____	YES NO

YEAR _____	MAKE/MODEL _____	VIN _____		
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE _____	YES NO

YEAR _____	MAKE/MODEL _____	VIN _____		
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE _____	YES NO

YEAR _____	MAKE/MODEL _____	VIN _____		
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE _____	YES NO

YEAR _____	MAKE/MODEL _____	VIN _____		
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE _____	YES NO

YEAR _____	MAKE/MODEL _____	VIN _____		
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE _____	YES NO

YEAR _____	MAKE/MODEL _____	VIN _____		
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE _____	YES NO

YEAR _____	MAKE/MODEL _____	VIN _____		
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE _____	YES NO

YEAR _____	MAKE/MODEL _____	VIN _____		
MAX CAPACITY _____	PLATE NO _____	CAR NO _____	REPLACEMENT VEHICLE _____	YES NO



Now comes \_\_\_\_\_, after being duly sworn and cautioned under law, and states as follows:

1. I am the owner of \_\_\_\_\_, a taxicab/transportation company (circle one) and I hereby certify to the following as to each licensed vehicle in my fleet as set forth in the list attached as Exhibit A to the Affidavit. (attach a list of all licensed vehicles)
2. The turn signals, head, bright, brake, reverse and hazard lights are functional.
3. The windshield is not cracked or scratched enough so as to impair vision and the wiper blades are in good working condition.
4. The driver and passenger seatbelts buckle properly and the strap material is free of frays and tears.
5. The side mirrors and the rearview mirror are intact and free of cracks.
6. The brakes are in good working conditions and the brake lights work.
7. The tire pressures are at the appropriate level and the tires are free of cuts, bulges and tread wear that is extreme or uneven.
8. All vehicle fluids (engine oil, coolant, brake fluid and power steering) are at appropriate levels.
9. The battery connections are clean and tight and the horn is functional.
10. To the best of my knowledge, all belts and hoses are free of cracks, rot or leaks.
11. I hereby certify that each licensed vehicle is safe and roadworthy.

FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_  
Owner

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public