



GROUND TRANSPORTATION VEHICLE **PERMIT APPLICATION**

Telephone: (307)-733-3932
www.townofjackson.com

PERMIT # _____ Circle one: Taxi Executive

Instructions: Failure to complete any item will delay the processing of your application. The application fee of twenty dollars (\$20.00) shall be made at the time of application and shall be non-refundable. **A vehicle safety inspection report, completed within the last thirty (30) days, must accompany this application, and the vehicle must be brought to the police department for inspection. At a minimum, the vehicle safety inspection must include: brakes, tires, steering, suspension components, exhaust system, windshield, wipers, head, tail and brake lights.** The vehicle must be in compliance.

New Application Renewal

Please print legibly Circle one: Fee Paid Not Paid Initial:

PAPER WORK TO BE PROVIDED WITH APPLICATION

Copy of vehicle safety inspection attached

Name of Ground Transportation Business : _____

Business License Number: _____ DBA: _____

Registered Owner _____ Phone _____
First Middle Last

Alt Phone _____ Fax _____

Mailing Address: _____

Physical Address: _____

Have you ever had a Vehicle Permit issued by the Town of Jackson revoked? YES NO

Manufacture Year _____ Make _____ Model _____ Color _____

Licence Plate # _____ - _____ State _____ Registration Expiration date _____

VIN: _____ Passenger Capacity _____

I, _____, as the Registered Owner, do hereby swear and affirm the information I have supplied in this application is true and correct to the the best of my knowledge.

Date: _____

VEHICLE DESCRIPTION / VIN VERIFICATION

Approved Vehicle Signage on Both Sides of Vehicles Permanently attached and operational roof light
Ground Transportation Business Name located on first 1/3 of the vehicle roof
Business Telephone Number
2 1/2 inches X 1/2 inch stroke lettering

I, _____ of the Jackson Police Department have inspected the vehicle above and I certify, under penalty of perjury, that this affidavit and the items included are correct in all aspects.

Date: _____ Signature :

Badge# : _____



