

Ground Transportation Vehicle Permit Application



Failure to complete any item will delay the processing of your application.

- Renewal New vehicle, first time application

1 The application fee shall be paid at the time of application and is non-refundable.

Fee Increase 7-3-2023

- \$72.00 - vehicles with **29 or less** avg mpg Paid / Not Paid Initial _____
- \$48.00 - vehicles with **30 or more** avg mpg Paid / Not Paid Initial _____

2 The VEHICLE REGISTRATION and a VEHICLE SAFETY INSPECTION REPORT must accompany this application. The safety inspection, completed within the past thirty (30) days, must include brakes, tires, steering, suspension components, exhaust system, windshield, wipers, head- tail- and brake-lights.

3 The vehicle must be brought to the Jackson Police Department for inspection.

APPLICANT INFORMATION

Please Print Legibly

Ground Transportation Business Name: _____ Business License # _____

Doing Business As (dba) Name: _____

Name of Business Owner: _____ Telephone: _____

Registered Owner of Vehicle: _____ Telephone: _____

Mailing Address: _____

Physical Address: _____

Have you ever had a vehicle permit issued by the Town of Jackson revoked or denied? Yes No
circle one

Type of Ground Transportation: TAXI EXECUTIVE

VEHICLE DESCRIPTION

Year: _____ Make: _____ Model: _____ Color: _____

License Plate #: _____ LP State: _____ Passenger Capacity: _____

Vehicle Identification # (VIN): _____

I, (print your full legal name) _____, as the **registered owner** of this vehicle, do hereby affirm the information I have supplied on this application is true and correct to the best of my knowledge.

Signature of registered owner

Date

To be completed by Jackson Police Department:

Applicant shall provide the following with this application: Vehicle Registration Vehicle Safety Inspection
 If Ground Transportation Business owner is not the vehicle owner, a lease agreement is required. Attached

TAXI:

Permit # _____ Mth/Year _____

Signage on both sides of vehicle, including:

- DBA Name and Telephone #
 In minimum of 2.5 x .5 inch stroke lettering
 Affixed & operational roof light

EXECUTIVE:

Permit # _____ Mth/Year _____

JPD Vehicle Inspection: _____
Performed by Issued Date