Ground Transportation Vehicle Permit Application

1. Failure to complete any item will delay the processing of your application.
   ☐ Renewal ☐ New vehicle, first time application
2. The application fee shall be paid at the time of application and is non-refundable.
   ☐ $68.00 - vehicles with **29 or less** avg mpg Paid / Not Paid Initial _____
   ☐ $45.00 - vehicles with **30 or more** avg mpg Paid / Not Paid Initial _____
3. 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.
4. The vehicle must be brought to the Jackson Police Department for inspection.

APPLICANT PLEASE PRINT LEGIBLY

Ground Transporation 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 swear and 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 # _____, 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 # _____, Year_____

JPD Vehicle Inspection: _____
Performed by Badge # Date