



**TOWN OF BRAintree**  
**BOARD OF LICENSE COMMISSIONERS**  
One JFK Memorial Drive  
Braintree, MA 02184  
Telephone: (781) 794-8151 Fax: (781) 794-8305

**APPLICATION FOR TAXI COMPANY LICENSE**  
**NEW COMPANY OR MODIFICATIONS OF EXISTING COMPANY**

**FILING FEE: \$75 REGISTRATION FEES (if approved): \$200 Per Vehicle**  
**Includes: Medallion, Safety and Meter Inspections**

Date: \_\_\_\_\_

**(PLEASE PRINT THE FOLLOWING INFORMATION)**

NAME OF TAXI COMPANY: \_\_\_\_\_  
(list both the corporate name and the name under which you are doing business (D/B/A))

STREET ADDRESS: \_\_\_\_\_ CITY TOWN: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX # \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_

# OF TAXICABS REQUESTED \_\_\_\_\_

ADDRESS IN **BRAINTREE** WHERE THE TAXI VEHICLES ARE HOUSED: \_\_\_\_\_

ADDRESS OF THE **BRAINTREE OFFICE** TO OPERATE THIS BUSINESS: \_\_\_\_\_

LOCAL **BRAINTREE BUSINESS PHONE #** USED FOR YOUR OPERATIONS: \_\_\_\_\_

I have read and understand the *"Rules & Regulations of Taxicabs in the Town of Braintree"* and agree to abide by these regulations if the Board of License Commissioners issues the above company a license. Furthermore, I understand that all taxicabs that operate under this *Taxicab Company License* must have their meters tested and sealed by the Sealer of Weights and Measures and each individual taxicab inspected by the Braintree Police Department. I agree that I will charge "only" fares which have been approved by the Braintree Board of License Commissioners.

I certify under the penalties of perjury that all taxes, fees and fines owed to the Commonwealth of Massachusetts and to the Town of Braintree have been paid.

\_\_\_\_\_  
Signature of Applicant