



**OFFICE OF THE  
BOARD OF SELECTMEN**

**TOWN OF MIDDLETON  
MASSACHUSETTS**

**APPLICATION FOR A LICENSE TO  
DRIVE A TAXICAB**

**The undersigned respectfully requests to be licensed to operate a taxicab within the limits of the Town of Middleton.**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

**HOW LONG HAVE YOU RESIDED AT THE ABOVE ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

**EYE COLOR:** \_\_\_\_\_ **HAIR COLOR:** \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_ **DRIVER'S LICENSE #:** \_\_\_\_\_

**DO YOU HAVE A POLICE RECORD?** \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

**If the answer is yes, please provide circumstances below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The fee for this license is \$100.00.**

**This application must also include a CORI Request Form and a copy of your MA Drivers' License**