



Insurance certificate naming City of Laconia as an additional insured party must be attached when submitting this license.

CITY OF LACONIA APPLICATION FOR TAXI LICENSE

(PLEASE PRINT OR TYPE)

Business Name: MR. C' S TAXI LLC

Business Address: 118 S. MAIN ST. LACONIA NH 03246

Business Phone #: (603) 527-8001

Applicant's Name: CINDY CARROLL Telephone # [REDACTED]

Applicant's Address: [REDACTED]

Applicant's Date of Birth [REDACTED] Social Security Number [REDACTED]

Describe any motor vehicle (s) to be used under this license, including the make, model, year, color and license number. Please use separate sheet for additional vehicles:

Vehicle Make: SEE ATTACHED Model/Yr.: Color: Lic. No. Vehicle Make: Model/Yr.: Color: Lic. No. Vehicle Make: Model/Yr.: Color: Lic. No.

Have you ever been convicted of a crime, which has not been annulled? Yes: No: [checked]

If the answer is yes, give charge, date, place of arrest and disposition.

Have you ever been convicted of a motor vehicle offense? Yes: No: [checked]

If the answer is yes, give charge, date, place of summons or arrest and disposition.

The information on the completed application form is true, correct and complete. I submit same and invite your reliance upon my statements for the purpose of obtaining a Taxi License. By my signature below, I acknowledge notification that any false statement made on this application will be considered an "Unsworn Falsification," as defined by Revised Statutes Annotated 641:3 and am informed I may be prosecuted. I have been provided with a copy of RSA 641:3.

Cindy Carroll Signature

2/28/2021 Date

(FOR CITY USE ONLY)

Application Fee: \$100 Received on (date): By:

Licensing Board Approval on: License Expires on:

Special Conditions of Approval: