



Fee \$5.00

**GARDEN CITY  
TAXI CAB DRIVER APPLICATION  
(Please Print)**

**TAXI BUSINESS NAME** \_\_\_\_\_

**DRIVER NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**CITY OF BOISE LICENSE #** \_\_\_\_\_ (please attach a copy)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return form and payment to:

Garden City  
Business License  
6015 N. Glenwood St.  
Garden City, ID 83714