



Fee \$5.00

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

TAXI BUSINESS NAME _____

OWNER'S NAME _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

CONTACT _____ **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