

DATE _____
REC. NO. _____
FEE \$ _____
LIC. NO. _____
APPROVED _____

**CITY OF EMPORIA
TAXI VEHICLE LICENSE
FEE \$10.00**

MAKE OF CAR _____

TYPE _____ LICENSE TAG NUMBER _____

MOTOR NO. _____ SERIAL NUMBER _____

NAME OF STATION

Attach copy of Certificate of Insurance as required by K. S. A. 40-3107 and 40-3118.

I affirm the above vehicle is in good mechanical condition.

Owner

Date