City of Lynn, Commonwealth of Massachusetts
RENEWAL APPLICATION
TAXI MEDALLION

Date: _____

Name of Business _____
Address of Business _____
Telephone Number of Business _____
Number of vehicles to be operated _____

Owner's Signature _____

Please Complete the Following Information:

Medallion #	VIN #

OFFICE USE ONLY

- ☐ Insurance Policy
- ☐ Vehicle Registration Form
- ☐ Check Payable to the "City of Lynn"
- ☐ $250.00 per Vehicle

Paid by: ☐Cash ☐ Check ☐ Credit Card

Clerk's Initials: _____