

**TAXICAB DRIVER PERMIT RENEWAL APPLICATION**

*Application fee and a copy of applicant's valid driver's license must accompany each application*

**APPLICANT INFORMATION**

NAME			
ADDRESS		CITY	STATE, ZIP CODE
PHONE NUMBER	PLACE OF BIRTH	DATE OF BIRTH	SOCIAL SECURITY NO.

**EDUCATIONAL RECORD**

ELEMENTARY SCHOOL NAME	ADDRESS	DATES ATTENDED	GRADUATE DATE
JUNIOR HIGH SCHOOL NAME	ADDRESS	DATES ATTENDED	GRADUATE DATE
SENIOR HIGH SCHOOL NAME	ADDRESS	DATES ATTENDED	GRADUATE DATE
COLLEGE NAME	ADDRESS	DATES ATTENDED	MAJOR

**EMPLOYMENT HISTORY – TRANSPORTATION OF PASSENGERS**

*List below all your experience in the transportation of passengers. Attach additional sheet if you need more room.*

COMPANY NAME & ADDRESS	TO/FROM (DATES)	TYPE OF JOB	YOUR DUTIES
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COMPANY NAME & ADDRESS	TO/FROM (DATES)	TYPE OF JOB	YOUR DUTIES

**EMPLOYMENT HISTORY – LAST TEN YEARS**

*List all jobs you have had in the last ten years. You should account for all time, even if unemployed. Attach additional sheet if you need more room.*

COMPANY NAME & ADDRESS	TO/FROM (DATES)	TYPE OF JOB	YOUR DUTIES
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COMPANY NAME & ADDRESS	TO/FROM (DATES)	TYPE OF JOB	YOUR DUTIES

**REFERENCES**

List the names and addresses of four residents who have known the applicant for a period of at least one (1) year and who will vouch for the sobriety, honesty, and general good character of the applicant.

NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS

**LICENSES**

List all the licenses applicant holds.

NAME
NAME
NAME
NAME

**APPLICANT STATEMENT**

I declare, under penalty of making a false statement, that this application is made by me, that I am authorized to make this application, and that to the best of my knowledge and belief it is a true, correct and complete statement.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE
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**OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

<b>ZONING</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied If Denied, Reason:	BY	DATE
<b>OCCUPANCY (FIRE DEPARTMENT)</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied If Denied, Reason:	BY	DATE
<b>OCCUPANCY (BUILDING DEPARTMENT)</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied If Denied, Reason:	BY	DATE
<b>AB939 REQUIREMENTS (PUBLIC WORKS DEPARTMENT)</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied If Denied, Reason:	BY	DATE
<b>INVESTIGATION REPORT FORM POLICE CHIEF</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied If Denied, Reason:	BY	DATE