



**APPLICATION FOR LICENSE
TAXI CAB DRIVER**

Date: _____

Name: _____

Home Address: _____

List All Home Addresses Over The Last Year: _____

Name and Address of Company Employed By: _____

How Long Employed By This Company: _____

Phone Number (Home): _____ Business: _____

List All Employment Over The Last Year: _____

All Cities In Which You Conducted Business That Required A License: _____

All Cities In Which You Conducted Business That Did Not Require A License: _____

Description Of Applicant

Sex: _____ Race: _____

Date of Birth: _____

Place of Birth: _____

Height: _____ Weight: _____

Color of Eyes: _____ Hair Color: _____

Build: _____

Complexion: _____

Scars and/or Tattoos: _____

Photo #: _____

Processed By: _____

SSN: _____

Drivers License No.: _____

FPC: _____

Attach a copy of both sides of applicant's drivers license.

Applicant's Signature: _____

Police Officer Signature: _____