

TAXI CAB OPERATOR LICENSE APPLICATION

DATE OF APPLICATION: _____

1. PRINT FULL NAME: _____
(LAST) (FIRST) (MIDDLE NAME)

2. PRESENT ADDRESS: _____
How long at this address? _____

If less than 6 months, previous address:_____

3. DATE OF BIRTH:_____PLACE OF BIRTH:_____

4. KANSAS DRIVER'S LICENSE NUMBER: _____

If Kansas Driver's License is less than one year old, name State of prior Driver's License and that Driver's License Number: State_____Number_____.

5. NAME OF COMPANY OR CORPORATION YOU WILL OPERATE TAXICAB FOR: _____

6. NAME OF IMMEDIATE SUPERVISOR: _____

7. TELEPHONE NUMBER WHERE YOU CAN BE REACHED:_____

8. DO YOU HAVE ANY DISABILITIES (physical or mental) THAT WOULD AFFECT YOUR DRIVING?_____ IF ANSWER IS YES, STATE DISABILITY(IES):_____

9. HAVE YOU HAD ANY D.U.I./D.W.I./DIVERSION IN THE PAST FIVE (5) YEARS?_____ If yes, state date, court and charge:_____

10. HAVE YOU BEEN CONVICTED OF A FELONY(IES) IN THE PAST FIVE (5) YEARS?_____ If yes, state what felony(ies) date and court:_____

NOTE: I do, by my signature below, swear that all the information I have given in this application is true and accurate. I also do swear that I have not failed to list any convictions as asked in questions #9 and #10.

Your Signature:_____

Office Staff Witness to Signature:_____

NOTE: Any falsification in question answers, or failure to answer all questions will be immediate cause for termination of Taxicab Operator License Application procedure.

APPLICANT: DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE ONLY

APPROVED: _____ NOT-APPROVED _____ DATE: _____

Codes Officer

APPROVED: _____ NOT-APPROVED _____ DATE: _____

Chief of Police

OFFICIAL APPLICATION CITY OF FORT SCOTT, KANSAS

COMMENTS:
