



APPLICATION FOR LICENSE AS TAXICAB DRIVER

Please Check One: New Renewal

DATE _____

NAME OF APPLICANT _____ PHONE # _____

SOCIAL SECURITY NO. _____ AGE _____

CURRENT ADDRESS _____
Street City State Zip

ADDRESSES FOR PAST THREE YEARS:

Street City State Zip

Street City State Zip

Street City State Zip

Are you a citizen of the United States? _____ If not, you must furnish proof of your legal right to reside and to work in the United States.

Do you hold a current New Hampshire Driver's License? _____

License Number _____ Expiration Date _____

Have you ever been convicted of a felony for which the record has not been annulled or have you ever been convicted of a misdemeanor involving actual or threatened bodily harm, prohibited sexual activity or substance abuse, for which your record has not been annulled, within the past seven (7) years? If so, please describe below:

Date of Conviction Offense Court Sentence Imposed

Date of Conviction Offense Court Sentence Imposed

Date of Conviction Offense Court Sentence Imposed

In accordance with Claremont City Code Chapter 21 Section 21-62.10, you must furnish a statement from a physician, licensed to practice in New Hampshire, that he has examined you and finds you to be physically and mentally capable of driving a taxicab safely.

In accordance with the Claremont City Code Chapter 21 Section 21-62.11, you must complete the enclosed forms for Criminal Record Release, and Application for Driver Record Listing and return a certified copy of both reports with this application to the City Manager's office. In some cases, additional information may be requested.

The facts set forth in the above application for a taxicab license are true and complete. I understand that false statements on this application shall be sufficient cause for revocation of my taxicab license.

Signature

TAXICAB DRIVER LICENSE FEE: \$25 PER YEAR

FOR OFFICIAL USE ONLY

Criminal Records Check Completed _____ Approved _____ Denied _____

Motor Vehicle Records Check Completed _____

Physician's Statement Received _____ \$25 Fee Paid _____

Proof of liability insurance _____ Expiration Date _____

Taxicab License Approved _____ Number _____ Expires _____