

TAXI DRIVER APPLICATION

Application No.

(PLEASE PRINT)

RENEWAL

NEW

Last Name
Middle Name

First Name

Address
Phone Number

City

State

Zip Code

Height _____ Weight _____ Eye Color _____ Hair Color _____ Race _____ Male Female
 D.O.B. _____

Driver's License No. _____ Do you possess a valid Michigan Chauffeur's License? Yes No

How long have you been a resident of Battle Creek? _____ How long have you been licensed to drive a motor vehicle? _____

List all Traffic Violations and Accidents: (If necessary, use back of application)

Charge: _____ Date: _____

Charge: _____ Date: _____

Charge: _____ Date: _____

List all Criminal Convictions: (If necessary, use back of application)

Charge: _____ Date: _____

Charge: _____ Date: _____

Charge: _____ Date: _____

Have you ever been convicted or pled guilty to a violation of any ordinance or statute?

Charge: _____ Date: _____

Charge: _____ Date: _____

Charge: _____ Date: _____

Previous Work Experience: (List most recent first):

Company: _____ Address: _____

Phone No. _____ Occupation: _____ From _____
To _____
Company: _____ Address: _____

Phone No. _____ Occupation: _____ From _____
To _____

Personal References: (A taxpayer of the City other than relatives):

Name: _____ Address: _____ Phone No. _____

Name: _____ Address: _____ Phone No. _____

Name: _____ Address: _____ Phone No. _____

I hereby make application for a Permit to drive a cab in the City of Battle Creek. I swear that the statements made in this application are true and I understand that if an investigation proves that I have made a false statement in the application, my request will automatically be denied.

Signature: _____ Date: _____

(Police Department use only)

Approved Denied Signature: _____ Date: _____
