

Application must be completed in full with copy of current Driver's License

False statements or information on this form will bar the applicant from obtaining a taxi license, and the applicant will not be allowed to reapply for one year.

NAME: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
City/Town/Zip Code

PHONE #: ( ) \_\_\_\_\_  
AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_  
HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_  
COMPLEXION: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
CITIZEN OF (COUNTRY) \_\_\_\_\_

Previous places of employment for last 5 years (Name/Address/Reason for termination):  
\_\_\_\_\_  
\_\_\_\_\_

CHAUFFERS LICENCE #: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

Were you ever convicted of a: Dates: Details:  
Felony \_\_\_\_\_  
Misdemeanor \_\_\_\_\_  
Traffic Offense \_\_\_\_\_

TAXI COMPANY: D.A.D.'s \_\_\_\_\_ Oneida Taxi \_\_\_\_\_  
VIP \_\_\_\_\_ Other \_\_\_\_\_

LIST 2 REFERENCES: (Not relatives who you have known for at least 1 year)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
Oneida Police Dept. Date \_\_\_\_\_ Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Meets City Ordinance Requirements and 20 \_\_\_\_\_  
Local Record Check \_\_\_\_\_  
Notary Public \_\_\_\_\_