

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

20

Meets City Ordinance Requirements and Local Record Check

Notary Public