

CITY OF DENISON
APPLICATION FOR TAXICAB OPERATORS LICENSE
(Application must be printed or typed)

APPLICANT New _____ Renewal _____

Name: _____

Drivers License No: _____ State _____

Present Address _____ City _____ State _____

Previous Address: _____ City _____ State _____

Home Phone: _____ Business Phone: _____

Date of Birth: _____ Hair: _____ Height: _____ Weight: _____

Present Employer: _____

Address: _____ City: _____ State: _____

Previous Employer: _____

Address: _____ City: _____ State: _____

Are you a Texas resident? _____ If so, when did you become a resident?

Are you a U.S. citizen? _____ If so, when did you become a citizen?

Number of years experience operating public automobiles? _____ Private
Automobiles? _____

Do you hold a valid Texas Drivers License? _____

License No# _____ Expiration Date of License: _____

TAXICAB APPLICATION

Are you addicted to use of intoxicating liquors or drugs which may affect you mental or physical condition? _____

Are you under the care of a physician and currently taking any prescribed medications that may affect you mental or physical condition? _____ If the answer to either question is yes, indicate the type of drugs:

List date and nature of any traffic violations, accidents, within the last five (5) years:

Have you ever been convicted of felony crimes(s)? _____. If so state date(s), location(s) and reason(s) _____

Do you have fingerprints on file with the Denison Police Depart _____

List below the name, address, and phone number of at least three (3) character references:

1. _____
2. _____
3. _____

TAXICAB APPLICATION

I understand that my operator's permit will be voided if my Texas Driver's License is suspended or revoked, and I will return my permit to the Denison Police Department within three (3) days of such suspension or revocation.

STATE OF TEXAS

_____, being first duly sworn, deposes and says: I, applicant names in this application, have read the contents of hereof, and to the best of my knowledge and belief all statements contained are true in substance and effect, and to them I pledge my good faith.

Signature of Applicant

Dated this _____ day of _____, 20 ____.

Seal

Signature of Notary

My commission expires: _____

**APPROVAL PAGE
TO BE FILLED IN BY THE CITY CLERK'S OFFICE**

Permit Number: _____ Processor Initials: _____

Date forwarded to Police Dept: _____ Date Rec'd by Police Dept _____

Date returned to City Clerk: _____ Date Rec'd by City Clerk: _____

Permit Processed by _____ Date _____ Mailed _____

FINGERPRINTS

ATTACH 3" X 5" PHOTO HERE

LEFT THUMB

RIGHT THUMB