

TOWN OF ROCKINGHAM
Application for Taxi Driver's Permit

OFFICE USE ONLY

_____ New Application - \$25.00	Paid: _____	Initial: _____
_____ Renewal Application - \$25.00	Paid: _____	Initial: _____
_____ Record Check Fee	Paid: _____	Initial: _____

PART I

Full Name: _____ Phone: _____

Mailing Address: _____

Date of Birth: _____ Place of Birth: _____ SS#: _____

Sex: _____ Eyes: _____ Weight: _____ Height: _____

Driver's License #: _____ State: _____ Expiration: _____

Taxi Company: _____ Phone #: _____

Address: _____

PART II

1. A physician's statement must be provided prior to issuance of taxi driver's permit acknowledging that applicant's general health, eyesight and hearing is acceptable for operation of a taxicab. (Please attach physician's statement to this application.)

2. Have you ever been convicted of a felony under the laws of this or any other state? _____
If Yes, list ALL offenses, date(s), place(s) and penalty(ies). (If more space is needed, please use the back of this sheet.)
Offense: _____
Date: _____ Place: _____
Penalty: _____

3. Have you ever been found guilty of negligence in a civil action for damages in a motor vehicle accident? _____ If Yes, list ALL offenses, date(s), place(s) and damages. (If more space is needed, please use the back of this sheet.)
Offense: _____
Date: _____ Place: _____
Damages: _____

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4. Have you ever been convicted of driving while under the influence or careless and negligent operation? _____ If Yes, list ALL offenses, date(s), place(s) and penalty(ies). (If more space is needed, please use the back of this sheet.)

Offense: _____

Date: _____ Place: _____

Penalty: _____

5. Have you ever been issued any other motor vehicle violation? _____ If Yes, list ALL offenses, date(s), place(s) and penalty(ies). (If more space is needed, please use the back of this sheet.)

Offense: _____

Date: _____ Place: _____

Penalty: _____

6. List your two latest employers, their address and phone number:

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Please include a copy of your current valid driver's license.

I have read the Town of Rockingham Vehicles for Hire/Taxicab Ordinance and agree to abide by the requirements and regulations contained therein. I have submitted the required physician's note and a copy of my current driver's license. I understand that my permit will expire on January 1 of each year and will need to be renewed on a yearly basis.

Signature: _____ Date: _____

I Approve/Disapprove this Taxi Driver Permit Application

Bellows Falls Police Chief Date

Approved/Disapproved by the Rockingham Selectboard at its meeting on _____

Selectboard Chair Date