



**7. IDENTIFY MAKE AND TYPE OF TAXIMETER INSTALLED IN EACH VEHICLE**

MAKE	TYPE
MAKE	TYPE
MAKE	TYPE
MAKE	TYPE

**8. ATTACH PROPOSED SCHEDULE OF RATES (AS ESTABLISHED BY CITY COUNCIL)**

SCHEDULE OF RATES ATTACHED  Yes  No

**9. STREET NUMBER AND EXACT LOCATIONS OF EACH TAXICAB STAND WHICH APPLICANT PROPOSES TO USE**

STREET NUMBER	LOCATION
STREET NUMBER	LOCATION
STREET NUMBER	LOCATION
STREET NUMBER	LOCATION

**10. ATTACH A FINANCIAL REPORT OF THE APPLICANT**

FINANCIAL REPORT ATTACHED  Yes  No

**11. EXPLAIN EXPERIENCE OF APPLICANT IN TRANSPORTATION OF PASSENGERS. RESUME MAY BE ATTACHED**

**12. ANY FACTS THAT THE APPLICANT BELIEVES WOULD SHOW THAT PUBLIC CONVENIENCE AND NECESSITY REQUIRE THE GRANTING OF A PERMIT AND LICENSE**

**13. LIST THE NAMES AND ADDRESSES OF AT LEAST THREE REFERENCES NOT RELATED BY BLOOD**

NAME	ADDRESS	CITY	STATE, ZIP CODE
NAME	ADDRESS	CITY	STATE, ZIP CODE
NAME	ADDRESS	CITY	STATE, ZIP CODE

**14. HAVE YOU EVER BEEN ARRESTED AND CONVICTED FOR ANY OFFENSE OTHER THAN A TRAFFIC VIOLATION? IF YES, LIST DATES, OFFENSES AND PLACES**

DATE	OFFENSE	PLACE
DATE	OFFENSE	PLACE
DATE	OFFENSE	PLACE

**15. I DECLARE, UNDER PENALTY OF MAKING A FALSE STATEMENT, THAT THIS APPLICATION IS MADE BY ME, THAT I AM AUTHORIZED TO MAKE THIS APPLICATION, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS A TRUE, CORRECT AND COMPLETE STATEMENT.**

SIGNATURE OF OWNER OR OFFICER	NAME (PRINT)	DATE
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**OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

<b>ZONING</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied If Denied, Reason:	BY	DATE
<b>OCCUPANCY (FIRE DEPARTMENT)</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied If Denied, Reason:	BY	DATE
<b>OCCUPANCY (BUILDING DEPARTMENT)</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied If Denied, Reason:	BY	DATE
<b>INVESTIGATION REPORT FORM POLICE CHIEF</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied If Denied, Reason:	BY	DATE

**DATE ON CITY COUNCIL AGENDA**  
 Approved  Denied

**COMMENTS**

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