



Application for Taxicab Driver Permit

City of Middletown, Ohio

Driver; Complete this form and return to the Middletown Division of Police Records section in person at One Donham Plaza, Middletown, Ohio 45042

Last Name	First Name	Middle
-----------	------------	--------

Street Address	City	Zip
----------------	------	-----

Phone #	Social Security #	Date of Birth
---------	-------------------	---------------

Height	Weight	Hair Color	Eye Color	Operator's Lic. #	Expiration Date
--------	--------	------------	-----------	----------------------	--------------------

Has your license ever been suspended or revoked? Yes No If yes, where, when and for what reason? _____

Do you, or have you ever held a taxi driver's permit before? Yes No If so, where and when?

Name, address, and phone number of the taxicab company you are seeking employment from:

Have you ever been convicted of a DUI? Yes No If yes, where and when? _____

Have you been convicted of a criminal offense? Yes No If yes, where, when, and what charges? _____

I swear that the above statements are true and realize that any false statements may be cause for rejection or revocation of the permit.

Signature of Driver _____ Date: _____

Signature of Business Owner _____ Date: _____

Recommendation of Police Chief:

Approved Denied

Signature:

Date Issued: _____ Expiration Date: _____ Fee Paid: _____