



Application for Taxicab Business Operator

City of Middletown, Ohio

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

Name of Business: _____

Business address: _____

Business phone: _____

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** _____

Will you also be a driver for your business? Yes No If yes, please fill out a driver's application as well.

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

Information of Partners or Officers of the Corporation

**Attach a copy of the Partnership Agreement (if applicable) **

Last Name	First Name	SSN	Date of Birth	Address
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Last Name	First Name	SSN	Date of Birth	Address
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Vehicle Descriptions (attach additional sheet if necessary)

****ATTACH A COPY OF THE INSURANCE POLICY FOR APPROVAL****

<u>Year</u>	<u>Make/Model</u>	<u>License Plate #</u>	<u>Cab #</u>	<u>VIN #</u>

Signature of Business Owner _____ Date: _____

Recommendation of Police Chief:

Approved____ Denied____

Signature: _____ Date: _____

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