



# **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
-----------	------------	-----	---------------	---------

Last Name	First Name	SSN	Date of Birth	Address
-----------	------------	-----	---------------	---------

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: \_\_\_\_\_