



## 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
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\_\_\_\_\_

Street Address	City	Zip
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\_\_\_\_\_

Phone #	Social Security #	Date of Birth
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\_\_\_\_\_

Height	Weight	Hair Color	Eye Color	Operator's Lic. #	Expiration Date
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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) \*\***

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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 POLICE 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: \_\_\_\_\_