

City of Portage Taxi Cab Operators License Application

Application Type:

- New \$30
 Provisional \$30
 Renewal \$30

For Office Use	
	Date: _____
	Receipt No. _____
	License No. _____

I hereby make an application for a City of Portage Taxi Cab Operators subject to Portage Code of Ordinances Sec. 86-35 and the limitations imposed therein.

Any false statement made herein will result in this application being rejected.

Name:		
First	Middle Initial	Last
		Maiden
Have you ever used any other name(s) or alias(es)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please state full name(s) or alias(es) _____		
Driver's License		State
Date of Birth: _____	No. _____	Issued: _____
Address:		
Street Number	Street Name	City, State, Zip Code
Home Phone Number	Cell Phone Number	Email Address

Have you ever been convicted of a crime or traffic violation? Yes No

If Yes, please complete box below:

Date of Charge	Location of Charge (City, County)	Description of Charges	Penalty Imposed

Signature of Applicant

Date

Department Approval			
Department	Approved/Denied	Signature	Date
City Clerk	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
City Treasurer	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Police Chief	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

If denied, explain reason: _____

