

TAXI CAB OPERATORS APPLICATION

Code:1222 Date: _____

Receipt #: _____

License #: _____

Application Date: _____

Application Type: New \$30 Renewal \$30 Provisional \$15 License Year Beginning July 1 License Year Through June 30th

I hereby make an application for a Taxi Cab Operator License 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.

First Name: _____ Middle Initial: _____ Last Name: _____

Maiden Name: _____ Date of Birth: _____ Telephone #: _____

Have you ever used any other name(s) or alias(es)? Yes No

If yes, Please state full name(s) or alias(es) _____

Driver's License No.: _____ State Issued: _____ Is License Valid?: Yes No

Current Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Have you ever been convicted of a felony, misdemeanor, ordinance, or traffic offense within the past 5 years? Yes No

If Yes, fill in ALL boxes below.

Table with 4 columns: Date of Charge, Location of Charge (City, County), Description of Charges, Penalty Imposed

Do you have any pending charges? Yes No

If Yes, fill in ALL boxes below.

Table with 3 columns: Date of Charge, Location of Charge (City, County), Description of Charges

Signature of Applicant

Date

Department Approval

If denied, please explain below...

City Clerk

<u>Department</u>	<u>Approved/Denied</u>	<u>Signature</u>	<u>Date</u>
City Clerk	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

Administration

<u>Department</u>	<u>Approved/Denied</u>	<u>Signature</u>	<u>Date</u>
Taxes	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Special Assessments	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Utility Bills	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Other Claims Owed	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Forfeiture from a violation of any City of Portage Ordinance	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

Building Inspection

<u>Department</u>	<u>Approved/Denied</u>	<u>Signature</u>	<u>Date</u>
In compliance with regulations	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

Police Department

<u>Department</u>	<u>Approved/Denied</u>	<u>Signature</u>	<u>Date</u>
Chief of Police	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

If denied, why?: _____

