

City of Portage Taxi Cab Operators License Application

Application Type:

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

<u>For Office Use</u>	
	Date: _____
	Receipt No. _____
	License No. _____

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: _____

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: _____

Current Address Street: _____ City: _____

State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Have you ever been convicted of a crime or traffic violation within the past 5 years? 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: _____
