



**City of Dover, New Hampshire
TAXICAB OWNER'S LICENSE APPLICATION**

PLEASE PRINT

NAME: _____ DATE _____

Last First MI

HAVE YOU EVER LEGALLY HAD YOUR NAME CHANGED? () YES () NO

IF YES, REASON (Marriage or Other) _____ DATE _____

PLACE: _____ COURT: _____

LIST PREVIOUS NAMES TO INCLUDE ANY NICKNAMES: _____

ADDRESS: _____ CITY/TOWN: _____ STATE: __ ZIP: _____

Street

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ HOME PHONE: _____

HEIGHT: _____ HAIR: ____ SEX: ____ WEIGHT: _____ EYES: ____ DRIVER'S LICENSE #: _____

OCCUPATION: _____ PRESENT EMPLOYER: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

NAME OF TAXICAB COMPANY: _____

ADDRESS: _____ PHONE NUMBER: _____

List address for past ten years, beginning with present address:

a) _____ From: _____ To: _____

b) _____ From: _____ To: _____

c) _____ From: _____ To: _____

d) _____ From: _____ To: _____

(If additional space is required, use another sheet of paper)

Name and Mailing address of three (3) references:

NAME ADDRESS CITY STATE ZIP

1) _____

2) _____

3) _____

Have you ever had a Taxicab Driver's or Owner's permit denied in this or any other state? YES () NO ()

Have you ever been a user of drugs or narcotics, except under the direction of a physician? YES () NO ()

Have you ever been treated for mental illness, an emotional disorder, or confined to an institution? YES () NO ()

If you checked "Yes" to any of the above questions, you must provide complete details below.

Other than what is stated on the attached N.H. criminal and N.H. motor vehicles records have you ever been either: (a) arrested, of (b) summonsed, or (c) convicted of a crime or violation **in this or any other state** that has not been annulled by a court?
(This includes all motor vehicle violations) YES () NO ()

If you checked "YES" to the above question, give date of charge, charge, place and disposition for every arrest or summons:

Date Charge/Offense Place/City/Town/State Disposition

(If additional space is needed, use another sheet of paper)

I hereby affirm that the information provided by me in this application is true and complete to the best of my knowledge. I understand that any false answers to any questions will be just cause for denial of any license or permit issued under the provisions of Chapter 161 and any regulations promulgated therefrom, and is punishable under the provisions of RSA 641.

Signature of Applicant _____

Application Received and Witnessed by _____

_____ Date Time

FEE: \$100.00 payable at time of application.

NOTE: No permit will be issued until applicant provides the City Clerk with proper certification of insurance coverage.

===== **FOR POLICE USE ONLY** =====

Local Record Check () Positive () Negative () Attached
State Record Check () Positive () Negative () Attached
Driver's License Type _____

Recommend For () Approval () Denial by: _____ Date _____