

APPLICATION FOR TAXICAB DRIVER PERMIT

Application is hereby made for a permit to operate a taxicab in the City of Council Bluffs, Iowa, pursuant to the provisions of the City Ordinance No. 4324.

A. PERSONAL DATA

Name: _____

Present Address: _____

Previous Address: _____

Contact Phone No. _____

Age: _____ Height: _____ Weight: _____ Complexion: _____

US Citizen: _____ Naturalized: _____ By Birth: _____

Is applicant able to read, write and understand the English language: Yes _____ No _____

B. EMPLOYMENT DATA

Present Employer and Job Description:

List the three employers prior to your present employer and your Job Description with each including dates and reasons for leaving.

C. TAXICAB

For the taxicab(s) which you will be operating, please indicate the following:

Owner of said taxicab(s): _____

Number(s) assigned to said Taxicab(s): _____

State Vehicle License Number(s) of said taxicab(s): _____

If not owned by applicant, state arrangement by which applicant operates designated taxicab(s):

D. DRIVING DATA

Iowa Driver's License No. _____ Expiration Date: _____

Iowa Chauffeur's License No. _____ Expiration Date: _____

If applicant holds driver's license of another state which allows said driver to operate a taxicab within said state, indicate the following:

State: _____ Driver's License No. _____ Expiration Date _____

Social Security Number: _____

If your driver's license has ever been suspended or revoked, indicate the reasons for said suspension or revocations:

E. DRIVING HISTORY

List all moving violations in the past two years.

F. CRIMINAL HISTORY

All prior felony or misdemeanor convictions and date of such. (If convicted of a felony less than five (5) years ago, please see Municipal Code Section 3.68.020a(c))

G. FEES

Initial Issuance:-----\$10.00
Initial Issuance to applicant holding a valid & Current Omaha Taxicab Permit:----- \$5.00
Renewal:----- \$5.00

Signature of Applicant