

Application for Taxicab Operator's License
Dayton Police Department
Dayton, Ohio

Date: _____

Company Trade Name (DBA): _____

Address: _____ City _____ State _____ Zip _____

Public Dispatcher Phone #: _____ Other Contact # _____

Business Contact Email: _____

Parent Company Name (If Any): _____

Address: _____ City _____ State _____ Zip _____

Owner's Name _____ Race _____ Sex _____

(If partnership or corporation, provide information for ALL owners, officers, or partners on Page 3)

(If there is an Operational Manager other than the listed owner, provide information on Page 3)

Date of Birth: _____ Age: _____ Social Security # _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Marks/Scars/Tattoos _____

Place of Birth: _____ INS Card # _____

Driver's License # _____ Expiration Date: _____

License Class: _____ Restrictions: _____

Home Address: _____ Apt# _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____ E-Mail _____

Are you a current OR former City of Dayton Taxi Operator or Driver? _____

Circle One: OPERATOR DRIVER If Current Licensee - List Company _____

If Former Licensee, when last licensed _____ Have you ever been denied a

Taxi Operator or Driver License, or had it suspended or revoked? _____

If so, Why? _____

APPLICATION FOR TAXICAB OPERATOR'S LICENSE

Do you have ANY prior felony or misdemeanor criminal convictions? _____

If yes, list charge(s), date(s), and place(s) of occurrence: _____

Do you have ANY prior traffic convictions within the last THREE years? _____

If yes, list charge(s), date(s), and place(s) of occurrence: _____

Is a Page 3 attached listing other owners, partners, or operational managers?

Yes _____ No _____

Attach ONE (1) Page 3 for each applicable person.

Number of attached Page 3's: _____

Application for Taxicab Operator's License

Taxicab Company: _____

Additional Owner's, Partner's, or Operational Manager's Name:

_____ Race: _____ Sex: _____

Date of Birth: _____ Age: _____ Social Security #: _____

Ht: _____ Wt: _____ Hair: _____ Eyes: _____ Marks/Scars/Tattoos: _____

Place of Birth: _____ INS Card #: _____

Driver's License #: _____ Expiration Date: _____

License Class: _____ Restrictions: _____

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Are you a current or former Dayton Taxi Operator or Driver? _____

Circle One: OPERATOR DRIVER If Current - List Company: _____

If former licensee, when last licensed: _____ Have you ever been denied a

Taxi Operator or Driver License or had it suspended or revoked? _____

If Yes, When and Why? _____

Do you have any prior felony or misdemeanor criminal conviction(s)? _____

If YES, List charge(s), date(s), and place(s) of occurrence: _____

_____.

Do you have any prior traffic convictions within the last three (3) years? _____

If YES, List charge(s), date(s), and place(s) of occurrence: _____

_____.