



CITY OF PORTSMOUTH, NEW HAMPSHIRE
OFFICE OF THE CITY CLERK

TAXI OPERATOR LICENSE APPLICATION

INSTRUCTIONS: Please print or type all required information clearly. Along with your application, you must submit the fee, required photographs, employer statement, and driver/criminal records must be attached or this application *will not be accepted*.

APPLICANT INFORMATION

Name of Taxi Company Employer: _____ Status (circle one): RENEWAL / INITIAL

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____ City/State/Zip: _____

Daytime Telephone: _____ Evening Telephone: _____

Date of Birth: _____ Driver License Number: _____ State: _____

Height: _____ Weight: _____ Hair Color/Eye: _____

REFERENCE INFORMATION (List three references not related to you)

1. _____
Name of Reference Telephone Number Relationship to Reference
2. _____
Name of Reference Telephone Number Relationship to Reference
3. _____
Name of Reference Telephone Number Relationship to Reference

EMPLOYMENT INFORMATION (List the last three employers)

1. _____ Start (month/year) _____ End (month/year) _____
Employer Name Length of Employment

Employer Address Employer Telephone Number
2. _____ Start (month/year) _____ End (month/year) _____
Employer Name Length of Employment

Employer Address Employer Telephone Number
3. _____ Start (month/year) _____ End (month/year) _____
Employer Name Length of Employment

Employer Address Employer Telephone Number

CERTIFICATION

Have you ever been convicted of a felony? YES / NO If yes, please attach a separate sheet and explain.

I do hereby certify under penalties of perjury that to the best of my knowledge, the above statements are true and I have submitted the following required information with this application:

- \$50.00 Application Fee (non-refundable)
- 2 Photographs
- Statement from Employer (or intent to employ)
- Criminal Record (Processed from the New Hampshire Department of Safety/State Police Division)
- Motor Vehicle Driver Record (Processed from the New Hampshire Department of Safety)

Applicant Signature: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE – POLICE DEPARTMENT USE ONLY

POLICE DEPARTMENT REVIEW

Triple I – (date): _____ (attached)

Global – (date): _____

State AP – (date): _____

Motor Vehicle check – (date): _____

Recommendation Information: _____

THIS APPLICATION IS (circle one): APPROVED / DENIED

APPROVAL STIPULATIONS: _____

Police Department Signature: _____ Date: _____