CITY OF SIDNEY
TAXI CAB DRIVER'S LICENSE APPLICATION

Date: _____ Taxi Cab Company: _____

1. _____
Name: Last First Middle

2. Address: _____
Street City County State Zip

3. How long have you been a resident of Shelby County? _____

4. Date of Birth: _____ Place of Birth: _____
5. Sex: Male: _____ Female: _____
6. Marital Status: Single: _____ Married: _____ Divorced: _____
7. Dependents: Spouse: _____ Children: _____
8. Do you have a valid Ohio Driver's License? _____
9. Have you ever been arrested? _____ If yes, on what charges?_____

_____

10. List Three References (no relatives):

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

11. Name and address of last employer: _____

Type of Work: _____

I declare that the above statements are true to the best of my knowledge:

Signed:_____

Physician's Report:

Describe any physical defects (sight, hearing, speech, limbs, epilepsy, tuberculosis, etc.): _____

_____

_____

Is the applicant in good health and physically able to perform the duties of a cab operator?_____

_____

Signed: _____
Physician

Police Chief's Report:

Applicant Approved: _____ Applicant Not Approved: _____

Remarks: _____

_____
Police Chief – City of Sidney