

# CITY OF HURON, OHIO APPLICATION FOR TAXICAB DRIVER'S LICENSE

## ***REQUIREMENTS AND INSTRUCTIONS***

Each and every question must be answered fully and truthfully

You must be at least 21 years of age, a citizen of the United States, have good eyesight and hearing, be of good moral character, competent to drive a motor vehicle, have a good working knowledge of the traffic laws of the City and State, have no criminal record and furnished two satisfactory references.

In accordance with Section 721.12 of the Codified Ordinances of the City of Huron, Ohio this application for a Taxicab Driver's License shall be accompanied by the following documents:

1. A copy of applicant's current Driver's License as issued by the State of Ohio, Bureau of Motor Vehicles.
2. A certificate from a competent physician certifying that the applicant has good eyes and hearing.
3. The names of two (2) individual references that live in Erie County. These individuals must be of good repute, have known the applicant for at least one year and are in no way related to the applicant.
4. Taxicab Driver's License fee of \$3.00

I, the undersigned, hereby apply to the City Manager for a license to drive a taxicab in the City of Huron; and, under Oat, give the following answers to the questions contained in this application.

PLEASE PRINT OR TYPE

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

WHERE HAVE YOU LIVED FOR THE PAST TWO YEARS (give addresses):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

### ***PERSONAL DESCRIPTION***

ETHNICITY: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

GENDER: \_\_\_\_\_ COLOR OF EYES: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ COLOR OF HAIR: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

1. Are you a citizen or have you been naturalized a citizen of the United States? (State which, and if naturalized, bring in your citizenship papers for verification):

\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever served in the Army, Navy, militia of this or any other country: Give particulars:

\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been arrested or convicted of a felony, misdemeanor involving moral turpitude or of driving while intoxicated? Give date, particulars and disposition of every such case:

\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever made application before, or held previously, a driver's license, issued by the City of Huron? If yes, give particulars:

\_\_\_\_\_  
\_\_\_\_\_

5. Has any license heretofore issued to you by the City of Huron ever been suspended or revoked: If yes, give particulars:

\_\_\_\_\_  
\_\_\_\_\_

6. Have you any mental or physical incapacity or infirmity, of which you are aware, which would in any way interfere with the proper management and control by you of a motor vehicle?

\_\_\_\_\_  
\_\_\_\_\_

7. Give names and addresses of your employers and your occupation for the past two years:

\_\_\_\_\_  
\_\_\_\_\_

8. Who are you going to work for?

\_\_\_\_\_  
\_\_\_\_\_

9. Do you use intoxicating liquors or drug?

\_\_\_\_\_

In consideration of the granting of the license hereby applied for, the applicant agrees that service of any paper, notice, letter, summons, complaint or legal process of any kind or nature may be made by the City of Huron, or any department or division thereof, upon the person to whom the license is issued by leaving a copy of any such paper, notice, letter, summons, complaint or legal process with any member of his/her family or other person with whom he/she may reside at the address given above.

It is further agreed by the applicant that he/she will conform with all rules and regulations, and all provisions of the Ordinances of the City of Huron and at the termination of employment, as a driver of a taxicab will surrender his/her credentials to the City Manager.

State of Ohio

County of Erie

\_\_\_\_\_, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a Taxicab Driver's License; that the answers to the foregoing questions and other statements contained therein are true of his own knowledge and belief.

SIGNED: \_\_\_\_\_

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_ at Huron, Erie County, Ohio.

\_\_\_\_\_  
Notary Public

# REFERENCES

Relatives of applicant are not permitted to fill out references

**REFERENCE #1**

**Please answer the following questions:**

How long have you known the applicant? \_\_\_\_\_

To your knowledge, is the applicant addicted to the use of intoxicating liquors? \_\_\_\_\_

To your knowledge, is the applicant addicted to the use of drugs? \_\_\_\_\_

Has the applicant ever been in your employ? \_\_\_\_\_

Would you employ him/her now, if opportunity offered? \_\_\_\_\_

How many drivers have you previously vouched for? \_\_\_\_\_

Have you read over his/her statement and are you satisfied that, from your own knowledge, the statements contained therein are true? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**REFERENCE #2**

**Please answer the following questions:**

How long have you known the applicant? \_\_\_\_\_

To your knowledge, is the applicant addicted to the use of intoxicating liquors? \_\_\_\_\_

To your knowledge, is the applicant addicted to the use of drugs? \_\_\_\_\_

Has the applicant ever been in your employ? \_\_\_\_\_

Would you employ him/her now, if opportunity offered? \_\_\_\_\_

How many drivers have you previously vouched for? \_\_\_\_\_

Have you read over his/her statement and are you satisfied that, from your own knowledge, the statements contained therein are true? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_