

**CITY OF HURON, OHIO
APPLICATION FOR TAXICAB LICENSE**

REQUIREMENTS AND INSTRUCTIONS

QUALIFICATIONS TO APPLY FOR TAXICAB OWNER'S LICENSE

You must be at least 21 years of age, a citizen of the United States or possess the necessary paperwork to work in this country, possess a current valid Ohio driver's license, have a good working knowledge of the traffic laws of the City and State, have no criminal record and furnish two satisfactory references.

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

1. A copy of Owner and all drivers' current Ohio Drivers Licenses
2. Proof of Liability Insurance in the amount of One Million Dollars
3. Mechanical Inspection Certificate for each taxicab.
4. Taxicab Owner's License fee of \$50.00 for the first cab and an additional \$20 for each additional cab

I, the undersigned, hereby apply to the City Manager for a license to operate a taxicab service in the City of Huron

PLEASE PRINT OR TYPE

DATE: _____

NAME AND ADDRESS OF TAXICAB SERVICE

OWNER NAME AND ADDRESS

NAME AND ADDRESS OF ALL DRIVERS

The City of Huron will review the application and retains the option to check, through legitimate state systems, if the drivers are in good standing with the State of Ohio.

**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 Oath, 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 drugs?

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: _____