

CITY OF SIDNEY
TAXI CAB OPERATOR LICENSE APPLICATION

Date of Application: _____

Name of Taxicab Company: _____

Business Address: _____

Business Telephone: _____

Form of Organization of Company: _____

Social Security Number: _____

Driver's License Number: _____

References: _____

Names, Addresses, Driver's License Numbers and Nationality for principals in the Taxicab Company:

Have any of the principals in the taxicab company, within the last ten years been convicted of any offense under State or Federal Law?

_____ Yes _____ No

If the answer is yes to the above question, list the name of the principal, the nature of the conviction and the date of the convictions.

Hours of Operation: _____

ATTESTATION: I, _____, the undersigned, a duly authorized representative of the applicant have reviewed the content of Chapter 729 of the City of Sidney Code governing the operation of a taxicab business in the City, and hereby attest that I understand the regulations and affirm that the applicant agrees to abide with all of the regulations as a condition of receiving this license.

_____ Date: _____
Signature

Name of Signator: _____ Title: _____

Witness: _____

Name of Witness: _____