



CITY OF SACO TAXICAB OPERATORS LICENSE APPLICATION

NEW _____ RENEWAL _____ FEE \$40.00 DATE PAID _____

NAME _____
(First) (Middle initial) (Last)

ADDRESS _____

HOME PHONE _____

NAME OF BUSINESS YOU WORK FOR _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

MOTOR VEHICLE LIC. # _____ EXPIRATION DATE _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

IS YOUR MOTOR VEHICLE LICENSE PRESENTLY REVOKED, OR HAS IT BEEN
REVOKED IN THE PAST THREE (3) YEARS? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (Circle one) YES NO
IF YES, PLEASE DESCRIBE _____

HAVE YOU EVER BEEN CONVICTED OF ANY TRAFFIC VIOLATIONS?
(Circle one) YES NO
IF YES, PLEASE DESCRIBE _____

PRIOR EXPERIENCE IN THE TRANSPORTATION OF PASSENGERS? _____

PLEASE PROVIDE:

- TWO (2) PHOTOGRAPHS OF THE APPLICANT - PASSPORT SIZE
- PROOF OF ADEQUATE PUBLIC LIABILITY INSURANCE

BY SIGNING THIS APPLICATION, I 'M STATING THAT THE INFORMATION IS TRUE AND ACCURATE, AND I HEREBY AUTHORIZE THE SACO POLICE DEPT. TO INVESTIGATE AND VERIFY THE INFORMATION SUBMITTED IN THIS APPLICATION.

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER MAINE REVISED STATUTE S ANNOTATED, TITLE 17-A, SECTIONS 452 AND/OR 453.

**THIS FORM NEEDS TO BE SIGNED AND VERIFIED UNDER
OATH IN FRONT OF A NOTARY PUBLIC.**

SIGNATURE

PRINT NAME

DATE

STATE & COUNTY:_____

NOTARY PUBLIC:_____

SIGNATURE

PRINTED NAME

MY COMMISSION EXPIRES ON:_____