

CITY OF BRIGHTON

APPLICATION FOR LICENSE TO OPERATE TAXI CABS

Name of Applicant: _____

Business Address: _____
Street & No. City

Home Address: _____
Street & No. City

Business Telephone: _____ Home Telephone: _____

Business Name of Cab Co. _____

How many cabs will be operated? _____

Number of drivers to be employed _____

Hours of operation: _____

Insurance Carrier : _____

Fee paid with application: _____

Date of Application: _____

Application Approved _____
City Manager

Chief of Police

Photo/finger

TAXICAB DRIVERS IDENTIFICATION AND CERTIFICATE OF FITNESS

at Brighton
PD

Name _____ Address _____

City _____ State _____

Signature of applicant _____

Date of Birth _____ Place of Birth _____

Weight _____, Height _____, Hair _____, Eyes _____

Race _____, Sex _____, Marital Status _____, Citizen _____

Chauffeurs License Number _____

Has your drivers or chauffeurs license ever been revoked or suspended? _____

If so, why and when _____

Have you submitted a picture and driving record to the Police Department? _____

Are you suffering from any physical or mental disorders? _____. If so, explain _____

Has applicant submitted character reference affidavits from three residents of the City of Brighton? _____ Yes _____ No.

Have you ever been arrested for a felony? _____ Yes _____ No

Have you ever been arrested for a misdemeanor? _____ Yes _____ No

How many traffic tickets have you had in the past 10 years? _____

How long have you lived in the City of Brighton? _____

Name and address of previous employer _____

Name of company for whom you will drive _____

Can you read and write? _____ Yes _____ No

Date Chauffeurs license expires _____

Date application received _____

Date application approved _____

Approved by _____, Chief of Police