



**APPLICATION FOR CHAUFFEUR OR
OWNER OF VEHICLE-FOR-HIRE BUSINESS
CITY OF TUSCALOOSA**

To: City Council
City of Tuscaloosa

Date _____ 20____

I _____, hereby make application for permission to operate a taxi/limousine business or as chauffeur in the City of Tuscaloosa and in order to obtain such licensing permission. I acknowledge that failure to disclose any information will be grounds for denial of this application. I hereby make the following statements of fact, which I certify to be true:

Name: _____ Date of Birth: _____

Aliases: (if any used) _____

Address: _____ City _____ St: _____ Zip _____

Employer: _____ Occupation: _____

Home Telephone #: (____) _____ - _____ Work #: (____) _____ - _____

Social Security #: _____ - _____ - _____ Driver license: _____ State: _____

Of vehicles to be owned: _____ Experience as a taxicab driver _____ years

Will you operate a Taxi stand: Yes: _____ No: _____ Address: _____

Company name to operate under: _____ Co: phone _____

Company address: _____ List any and all partners named and silent: _____

DRIVER HISTORY

List any traffic citations (tickets) received in the last five years: _____

List any and all auto accidents you have been involved in (as a driver only) regardless of fault in the last five years. List dates as accurately as possible, please include the year. Also list the city and state of accident:

OVER >>>>>>>

CRIMINAL HISTORY:

List below if you have been convicted of a felony or a crime, in the last five years, involving morale turpitude, violence against another person, and/or during the last five years have you been convicted of any Federal, state, or local alcoholic beverage law, or forfeited a cash bond to appear in court to answer charges for any such violation. Failure to list all convictions will result in the denial of this application.

<u>Violation</u>	<u>Jurisdiction/Court</u>	<u>Date of case</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant

NOTARY

Sworn to and subscribed before me this the _____ day of _____, 20____
as to the statement of facts in the foregoing application.

(My commission expires: _____) _____
Notary Public

Do not write below this line

Record:

Application approved____ denied____ this
the ____ day of _____,20 ____

Denied____ Approved____ this the____
day of _____,20 ____

Mayor or Council President

Chief of Police