

COMMONWEALTH OF MASSACHUSETTS
City Of North Adams

FEES _____

To The Honorable City Council:

I, _____, hereby make application to be granted a

Name
LICENSE TO DRIVE A TAXICAB FOR _____

Height _____ ft _____ in Weight _____ lbs Employer's name
Color of Hair _____ Color of Eyes _____

Date of Birth ____/____/____ Birthplace _____ Gender _____ Citizen _____
MM/DD/YYYY

I hold a Massachusetts Driver's # _____ and have held this license for how long _____.

My license has _____ has not _____ been suspended or revoked in Massachusetts or any other jurisdiction.

If yes explain _____

I have _____ have not _____ been convicted of a felony. If yes explain: _____

Are you currently on any medication that would hinder your driving ability yes _____, no _____.

Do you currently have any open criminal court cases, yes _____, no _____. Explain on page 2.

I HEREBY CERTIFY THAT, IF GRANTED THIS LICENSE, I WILL STRICTLY CONFORM AND ADHERE TO THE LAWS OF THE COMMONWEALTH, THE ORDINANCES OF THE CITY AND SUCH RULES AND REGULATIONS AS THE CITY COUNCIL MAY ESTABLISH.

I do solemnly, sincerely and truly affirm the foregoing application to be true to the best of my knowledge and belief and do so under the pains and penalties of perjury.

Signature

Address

City/Town

.....
TO BE COMPLETED BY EMPLOYER

.....
TO BE COMPLETED BY THE POLICE DEPT

THIS IS TO CERTIFY THAT:

THE ABOVE APPLICATION IS HEREBY

If granted a TAXI DRIVER'S LICENSE

APPROVED _____ DISAPPROVED _____

Name of applicant
WILL DRIVE FOR ME.....

This _____ day of _____,

TAXI OPERATOR'S SIGNATURE

POLICE DEPARTMENT

Criminal Cases: _____

LIST ALL RESIDENCES FOR THE LAST FIVE (5) YEARS

No.	Street	City/Town	State
1.			
2.			
3.			
4.			
5.			

Additional Sheet May Be Attached if Needed.

LIST ALL EMPLOYERS FOR THE LAST FIVE (5) YEARS

Company Name	Street	City/Town	State
1.			
2.			
3.			
4.			
5.			

Additional Sheet May be Attached if Needed.

I Certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of individual

Date signed

Social Security # or Federal Identification

This license will not be issued unless this certification clause is signed by the applicant.

Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met filing of taxes.