

INSTRUCTIONS: Please print this document as single pages, do not double side. Use this form for a **TAXI OPERATORS LICENSE ONLY**. Please print or type all required information clearly. Along with this application, you must submit the fees, all documentation must be attached or this application will not be accepted.

APPLICANT INFORMATION

Status (circle one): INITIAL / RENEWAL

Name: _____
Address: _____ City/State/Zip: _____
Length of Residence: _____ **if less than 28 months provide your previous address**
Address: _____ City/State/Zip: _____
Telephone: _____ Cell phone: _____
Social Security Number: ____ - ____ - ____ Driver License Number: _____
State: _____ Expiration Date: _____ DOB: _____ Sex (circle one): M / F
Height: _____ Weight: _____ Hair Color _____ Eye Color: _____
Taxi Company Name: _____ Telephone: _____
Taxi Owner's Name: _____
Address: _____ City/State/Zip: _____

REFERENCE INFORMATION (List three references not related to you)

1. _____
Name of Reference Telephone Number Relationship to Reference
2. _____
Name of Reference Telephone Number Relationship to Reference
3. _____
Name of Reference Telephone Number Relationship to Reference

EMPLOYMENT INFORMATION (List the last three employers)

1. _____ Start (month/year) _____ End (month/year) _____
Employer Name Length of Employment

Employer Address Employer's Telephone Number
2. _____ Start (month/year) _____ End (month/year) _____
Employer Name Length of Employment

Employer Address Employer's Telephone Number
3. _____ Start (month/year) _____ End (month/year) _____
Employer Name Length of Employment

Employer Address Employer's Telephone Number

CERTIFICATION

Have you ever been convicted of a misdemeanor or a felony in this or any other state?

YES / NO If yes, please attach a separate sheet and explain.

Town of Hampton, New Hampshire Taxi Operators License Application - 2019

Have you ever been convicted of a motor vehicle violation in this or any other state?

YES / NO If yes, please attach a separate sheet and explain.

Have you ever loss the privilege to operate a motor vehicle in this or any other state?

YES / NO If yes, please attach a separate sheet and explain.

Have you ever been licensed to drive in any other state?

YES / NO If yes, and have been licensed to drive in New Hampshire or any other state less than 7 Years, you are required to submit the following:

- Applicant's Criminal Record issued from the previous "State" - Original Record
- Motor Vehicle Driver Record issued from the previous "State" - Original Record

I do hereby certify under penalties of perjury that to the best of my knowledge, the above statements are true and that I have submitted the required information listed below with this application:

- \$25.00 Taxi Operators License application fee (Non-refundable)
- Copy of the applicant's (state of Residency) valid motor vehicle operator's license
- 2 Photographs of the applicant (Taxi Operator)
- Employment Statement (or statement of intent to employ from employer)
- Applicant's Criminal Record – Completed Original Record (Criminal Record Form is obtained from the State Police of the applicants' state of residence.)
- Applicant's Motor Vehicle Driver Record – Completed Original Record (Motor Vehicle Driver Record Form is obtained from the State Department of Motor Vehicles of the applicants' state of residence.)

Applicant Signature: _____ Date: _____

Please refer to the Hampton Code of Ordinances Chapter 448 "Ordinance for the Regulations of Taxi Businesses" for information and complete details of all requirements and documentation for a taxi operator's license.

ALL APPLICATIONS ARE VERIFIED BY A RECORDS CHECK. FALSIFYING INFORMATION ON THIS APPLICATION IS A CRIME AND MAY RESULT IN ARREST, PROSECUTION AND IMMEDIATE DENIAL OF A LICENSE.

ALLOW 21 DAYS FOR THE PROCESSING OF THE LICENSE FROM THE DATE OF ACCETPTANCE OF A COMPETED APPLICATION.

THE LICENSE WILL IMMEDIATELY TERMINATE UPON THE SUSPENSION OR REVOCATION OF ANY STATE ISSUED DRIVERS LICENSE

ALL LICENSES WILL IMMEDIATELY TERMINATE UPON THE EXPIRATION OF THE TAXI BUSINESSES INSURANCE POLICY.

LICENSE EXPIRES ON MARCH 31st, 2020

PLEASE DO NOT WRITE BELOW THIS LINE – POLICE DEPARTMENT USE ONLY

POLICE DEPARTMENT REVIEW

THIS APPLICATION IS (circle one): APPROVED / DENIED

APPROVAL STIPULATIONS:

Licensing Officer Signature: _____ Date: _____

Taxi Operator License granted this day. _____

Board of Selectmen:
