



APPLICATION FOR TAXI DRIVERS PERMIT

APPLICANT MUST FURNISH THE FOLLOWING INFORMATION. PROVIDING FALSE INFORMATION ON THIS APPLICATION WILL BE GROUNDS FOR DENIAL.

REQUIREMENTS:

1. Completed application and fee of \$27.00.
2. Criminal Record fingerprint-based search, which may be obtained from the Missouri State Highway Patrol, 1510 East Elm Street (check, money order or credit card only).
3. Certified copy of driving record from the Missouri Department of Revenue, which may be obtained at 1617 Southridge Drive.
4. Drug and alcohol screening at least equal to screening requirements set by the US Department of Transportation for Motor Carriers. This certificate must be issued no more than five days prior to the date of application.
5. Proof of valid Missouri Chauffeur's license.

NAME _____ PHONE # _____

ADDRESS: _____

RACE _____ SEX _____ HAIR _____ EYES _____

HEIGHT _____ WEIGHT _____ DATE OF BIRTH _____

MARITAL STATUS _____ ARE YOU A UNITED STATES CITIZEN? _____

HAVE YOU PREVIOUSLY BEEN LICENSED AS A CHAUFFEUR? YES NO IF YOU ANSWERED YES, WAS THE LICENSE REVOKED? YES NO

Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.

BEGINNING WITH THE PRESENT OR MOST RECENT POSITION, LIST PAST EMPLOYMENT, INCLUDING MILITARY SERVICE:

1. BUSINESS NAME: _____
BUSINESS ADDRESS: _____
LENGTH OF EMPLOYMENT: _____
2. BUSINESS NAME: _____
BUSINESS ADDRESS: _____
LENGTH OF EMPLOYMENT: _____
3. BUSINESS NAME: _____
BUSINESS ADDRESS: _____
LENGTH OF EMPLOYMENT: _____
4. BUSINESS NAME: _____
BUSINESS ADDRESS: _____
LENGTH OF EMPLOYMENT: _____

LIST PRESENT ADDRESS AND ALL PLACES OF RESIDENCE WITHIN JEFFERSON CITY LIMITS FOR THE PRECEDING 5 YEARS:

1. ADDRESS: _____
LENGTH AT RESIDENCE: _____
2. ADDRESS: _____
LENGTH AT RESIDENCE: _____
3. ADDRESS: _____
LENGTH AT RESIDENCE: _____

I, _____ HEREBY MAKE APPLICATION FOR A PERMIT TO DRIVE A TAXICAB CARRYING PASSENGERS FOR HIRE IN THE CITY OF JEFFERSON. I AM HOLDER OF A MISSOURI CHAUFFEUR'S LICENSE AND AM NOT UNDER SUSPENSION OR REVOKATION AT THIS TIME. I AGREE TO COMPLY WITH ALL PROVISIONS OF THIS PERMIT.

FINANCE DEPARTMENT USE ONLY:
SIGNATURES FOR APPROVAL:

DIRECTOR OF FINANCE: _____



RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

By this signature, I authorize the release of my record to the City of Jefferson and waive any legal rights arising under Missouri or Federal Law regarding said record and do release the City of Jefferson, Missouri, its officers, employees and agent from any claims, of whatever nature, for damages or indemnification in connection with the furnishing of such information. I understand that the information furnished to the City of Jefferson, Missouri, shall be used only for a background check for the purchase of a taxicab license and for no other purpose.

SIGNATURE OF APPLICANT: _____

DATE: _____