



**Application for Taxicab Driver Permit**  
**City of Middletown, Ohio**

*Driver; Complete this form and return to the Middletown Division of Police Records section in person at One Donham Plaza, Middletown, Ohio 45042*

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<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>
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<b>Street Address</b>	<b>City</b>	<b>Zip</b>
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<b>Phone #</b>	<b>Social Security #</b>	<b>Date of Birth</b>
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<b>Height</b>	<b>Weight</b>	<b>Hair Color</b>	<b>Eye Color</b>	<b>Operator's Lic. #</b>	<b>Expiration Date</b>
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Has your license ever been suspended or revoked? Yes \_\_\_ No \_\_\_ If yes, where, when and for what reason? \_\_\_\_\_

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Do you, or have you ever held a taxi driver's permit before? Yes \_\_\_ No \_\_\_ If so, where and when?

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Name, address, and phone number of the taxicab company you are seeking employment from:

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Have you ever been convicted of a DUI? Yes \_\_\_ No \_\_\_ If yes, where and when? \_\_\_\_\_

Have you been convicted of a criminal offense? Yes \_\_\_ No \_\_\_ If yes, where, when, and what charges? \_\_\_\_\_

I swear that the above statements are true and realize that any false statements may be cause for rejection or revocation of the permit.

Signature of Driver \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Business Owner \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation of Police Chief:

Approved \_\_\_ Denied \_\_\_

Signature:

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_