

City Clerk  
Police  
Taxi Service

**APPLICATION FOR TAXICAB DRIVERS LICENSE** date \_\_\_\_\_

Each applicant shall attach 2 photographs, approximately 2 1/2" x 3", shall furnish thumb print made by a law enforcement official and pay an application fee of \$25.00.

TO BOARD OF CITY COMMISSIONERS, MCPHERSON, KANSAS:

I hereby apply for a license as a taxicab driver under the provisions of the Code of the City of McPherson, Section 38-401 to 38-408, inclusive, and other ordinances applicable thereto and I agree to comply with all provisions of all ordinances and laws, now in force and hereafter enacted. I agree that if such license is issued the same may be revoked or suspended by the City if I am unfit to hold such license or if I have violated any law or ordinance, or if I have misrepresented any facts in the following statement, or for any other lawful reason found, in which event I agree to surrender such license and any badge or identification card issued to me in connection therewith. To procure such license I make the following statements:

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Weight \_\_\_\_\_ Height \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_

Kansas Driver's License No. \_\_\_\_\_ Class of Driver's License \_\_\_\_\_

Social Security No. \_\_\_\_\_

Residence Address \_\_\_\_\_ how long in city \_\_\_\_\_

Resided in KS \_\_\_\_\_ Yrs.

Is your physical condition such that you can safely operate a taxi ? \_\_\_\_\_

**The city reserves the right to require a physician's statement concerning your fitness to drive a taxicab**

Name and address of present employer \_\_\_\_\_

Name and address of employers for past two years \_\_\_\_\_

Licensed as taxicab driver before \_\_\_\_\_ Where \_\_\_\_\_ How long \_\_\_\_\_

Has any such license ever been revoked or suspended? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

Number of years experience in driving motor vehicles: \_\_\_\_\_

What accidents have you had while driving motor vehicles? Give dates and nature of accidents: \_\_\_\_\_

Have you been convicted of traffic violations? \_\_\_\_\_ If so, state times and places and for what offenses: \_\_\_\_\_

Have you ever been convicted of a misdemeanor other than traffic violations in the past 5 year? If so, list \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_ If so state what and when \_\_\_\_\_

Name and address of three reputable persons, residents of Kansas, who have known me for one year or more prior to this application.

I will submit my thumb prints as a part of this application  
Photographs as required above are attached and/or furnished.

Dated at McPherson, Kansas this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Subscribed and sworn to before me \_\_\_\_\_, 20 \_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

taxidriver/word

City Clerk