



Application for

# Taxicab Operator License

Finance Department • PO Box 128 • Longview, WA 98632 • (360) 442-5000

License Type <b>TAXICAB OPERATOR</b>			License Fee <b>\$10</b>	
Name of Applicant			Phone	
Date of Birth	Age	Washington Driver's License Number/Expiration Date	Social Security Number	
Home Address		City	State	Zip
Mailing Address		City	State	Zip
Other residences in which you have lived in the past ten years		City	State	Zip
Name of your closest living relative		Address of your closest living relative with City/State/Zip		
Have you ever been convicted of a felony? If yes, list offense, date of offense and city and state where conviction occurred.			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has your driver's license ever been suspended or revoked? If yes, describe why.			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any physical ailments or disabilities? Do you have epilepsy, vertigo, heart trouble or any other problem of the mind or body which might render you unfit to safely operate a public taxicab? If you answered yes to either question above, please describe the condition.			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently under the care of a doctor? If yes, for what?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently taking any prescription drugs or narcotics? If yes, what?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can you speak, read and write the English language?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been licensed before as a taxicab driver? If yes, where and for how long?			<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Failure to answer the questions on this application truthfully could result in denial or revocation of your taxicab operator's license.**

Signature (Note: Applicant must sign this application in the presence of a Notary Public)		Date
Notary Seal	Subscribed and sworn to before me this _____ day of _____, 20_____ by _____, Notary Public in and for the State of Washington, residing at _____. My commission expires _____.	

### For Office Use Only

Police Department approval		Date
Date Paid	Receipt Number	Comments