



TAXICAB DRIVER'S LICENSE APPLICATION

----- FOR BOARD OF PUBLIC SAFETY USE ONLY -----

Date Application Received _____ Date Criminal History Report Received _____
Date Paid _____ Receipt Number _____
Permit Number _____ Taxi Driver's License Number _____

APPLICATION INSTRUCTIONS

1. You must complete the application in its entirety. The Board of Public Safety will consider this application **ONLY** if it is complete.
2. Answers must be in Applicant's handwriting.
3. Attach copy of your valid "Public Passenger" driver's license.
4. Attach copy of your valid "For Hire" driver's license
 - a. All applicants must have this type of driver's license before operating a taxicab in the city.

PHYSICIAN LETTER (required)

Applicant ***MUST HAVE*** treating physician's recommendation for a handicap parking space. Please have your treating physician submit a letter **on his or her letterhead** confirming your disability and stating that a handicap accessible parking space in front of your home is necessary.

INDIANA DRIVER'S LICENSE OR IDENTIFICATION CARD

You ***MUST INCLUDE*** a copy of your valid Indiana Driver's License or Identification Card with this application. If the state-issued identification card does not show the address listed above, please include a copy of at least ONE (1) of the following utility bills to verify the home address:

- Gas & Electric Company Bill
- Water Bill
- Telephone Bill

Board of Public Safety will consider
this application **ONLY** if all required
supporting documentation is included.

RETURN THIS APPLICATION AND ALL APPROPRIATE DOCUMENTATION TO:

Board of Public Safety
15 NW Martin Luther King, Jr. Blvd, Evansville, IN 47708

FEES

- | | |
|---|---|
| <p>1. LOCAL BACKGROUND CHECK -- \$10.00</p> <ol style="list-style-type: none">a. Money Order payable to Evansville Police Deptb. Submit payment to Evansville Police Dept.
(address above) <p>2. ELECTRONIC FINGER PRINTING -- \$29.50</p> <ol style="list-style-type: none">a. Money Order payable to Indiana State Policeb. Schedule appointment with L-1 enrollment
(www.l1enrollment.com) | <p>3. CITY LICENSE -- \$10.00</p> <ol style="list-style-type: none">a. Money Order payable to City of Evansvilleb. Submit payment to Controller's Office,
Room 300, 1 NW Martin Luther King, Jr.
Blvd, Evansville, IN 47708 |
|---|---|



TAXICAB DRIVER'S LICENSE APPLICATION

Legal Name of Applicant _____

Email Address _____ Social Security No. _____ - _____ - _____

Home Address _____

City/State/Zip Code _____

Telephone Number (include Area Code) _____

Date of Birth _____ Place of Birth _____

Age _____ Race _____ Hair Color _____ Eye Color _____

Height _____ Weight _____ Marital Status _____ Legal U.S. Citizen ☐ Yes ☐ No

Driver's License No. _____ How Long You Have Lived in Evansville _____

1. Can you read and write the English language? ☐ Yes ☐ No

2. Are you addicted to the use of narcotics? ☐ Yes ☐ No

a. If yes, list which ones _____

3. Are you addicted to the use of intoxicating liquors? ☐ Yes ☐ No

4. Do you have defective vision? ☐ Yes ☐ No

a. If so, to what extent and how is your vision corrected? _____

5. List your addresses of residence for the last 5 years _____

6. List the dates and places of any previous licenses as a taxicab driver _____

7. Has your license as a taxicab ever been revoked? ☐ Yes ☐ No If so, state why _____

8. Have you ever been convicted of a felony crime? ☐ Yes ☐ No

a. If so, give full particulars



Board of Public Safety

Civic Center Complex, Room 301 • 1 NW Martin Luther King Jr., Blvd.

Evansville, Indiana 47708 • (812) 436-7897

9. List the name of the taxicab company for which you are seeking employment _____

10. List last 3 places of previous employment

a. _____ Dates From/To _____

b. _____ Dates From/To _____

c. _____ Dates From/To _____

NOTARY PUBLIC AUTHORIZATION

This application must include a Notary Public who has authorized the signature of the applicant.

----- FOR NOTARY PUBLIC USE ONLY -----

I, the undersigned, pursuant to the provisions of the Code of Ordinances Chapter 11.116, City of Evansville, hereby apply for a license to operate a taxicab, as a driver and give the following description of myself and answers to questions contained in this application.

Signature of Applicant

STATE OF INDIANA
VANDERBURGH COUNTY

_____ being duly sworn, deposes and says that the matters
and things in the foregoing application are true.

Subscribed and sworn to and before me, a Notary Public, in and for said County and State, this

_____ day of _____, _____.

Signature of Notary Public

County of Residence _____ My Commission Expires _____

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Application Approved/Denied _____ Date _____

By: Clerk of the Board of Public Safety

The City of Evansville is an equal opportunity employer and program provider.