

A criminal record and driver history check from the State of NH must be attached to this license application



CITY OF LACONIA
APPLICATION FOR TAXI DRIVER'S PERMIT
(PLEASE PRINT OR TYPE)

NEW/RENEWAL (CIRCLE ONE)

DATE: _____

Name: _____

First Middle Initial Last
Date of Birth: _____
Height Weight Eyes Hair Color

Phone No. _____

Address for the past ten (10) years. (Street or road name **must** be used, RFD #'s or Post Office Box #'s will not be accepted.)

- 1. _____ From: _____ To: _____
Present Address
- 2. _____ From: _____ To: _____
Previous Address
- 3. _____ From: _____ To: _____
Previous Address

Please list all states in which you hold or have held a valid operator's license. Please include your license number:

Employment for past ten (10) years. (Begin with present employment, listing backward for ten years. Also list the cab company you intend to work for.)

- 1. _____ From: _____ To: _____
- 2. _____ From: _____ To: _____
- 3. _____ From: _____ To: _____

(If additional space is needed, please use additional sheet)

Have you ever been convicted of a crime, which has not been annulled? Yes: _____ No: _____

If the answer is yes, give charge, date, place of arrest and disposition. _____

Have you ever been convicted of a motor vehicle offense? Yes: _____ No: _____

If the answer is yes, give charge, date, place of summons or arrest and disposition. _____

The information on the completed application form is true, correct and complete. I submit same and invite your reliance upon my statements for the purpose of obtaining a Taxi Cab Driver's Permit. By my signature below, I acknowledge notification that any false statement made on this application will be considered an "Unsworn Falsification," as defined by Revised Statutes Annotated 641:3 and am informed I may be prosecuted. I have been provided with a copy of RSA 641:3.

Signature

Date

(FOR CITY USE ONLY)

Application Fee: \$25 Received on (date): _____ By: _____

Licensing Board Approval on: _____ License Expires on: _____