

CITY OF SCOTTSBLUFF

APPLICATION FOR TAXICAB OPERATORS LICENSE

(Please Print)

DATE RECEIVED			APPLICATION NUMBER	
APPLICANTS NAME (Last, First, Middle) _____				
ADDRESS (Number, Street, City, State, Zip) _____				
TELEPHONE NUMBER			DATE OF BIRTH	
APPLICANTS <u>NEBRASKA</u> DRIVERS LICENSE NUMBER			STATE	
SEX	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
1. Have you held a motor vehicle operator's license continuously for a period two years prior to application? You must currently have a valid Nebraska driver's license to obtain a Taxicab license.				YES ____ NO ____
2. Have you complied with, and will at all times comply with the applicable laws of the State of Nebraska and ordinances of the City pertaining to taxicabs and other vehicles for conveyance of passengers?				YES ____ NO ____
3. Has your operators license been suspended in any State?				YES ____ NO ____
4. Have you been convicted of a traffic violation within the past two years?				YES ____ NO ____

APPLICANTS SIGNATURE

DATE

**** FOR USE BY CITY CLERK AND POLICE DEPARTMENT****

PHOTOGRAPH ATTACHED: YES ____ NO ____

\$25.00 FEE PAID: YES ____ NO ____

FEE RECEIVED BY: _____ DATE: _____

APPROVED BY POLICE CHIEF: YES: ____ NO ____