

TAXI BUSINESS LICENSE APPLICATION

INSTRUCTIONS: Please print this document as single pages. Use this form for a **TAXI BUSINESS LICENSE ONLY**. Please print or type all required information clearly. Along with this application, you must submit the fees, and all documentation that is listed as required. All documentation must be attached or this application will not be accepted.

TAXI BUSINESS INFORMATION

Status (circle one): INITIAL / RENEWAL

Name of Taxi Company: _____

Taxi Company Address: _____ City/State/Zip: _____

FIN: _____ - _____ Telephone: _____ # of Employees/Drivers: _____

TAXI OWNER INFORMATION

Name: _____ Telephone: _____

Address: _____ City/State/Zip: _____

Length of Residence: _____ If less than 6 months provide your previous address:

Address: _____ City/State/Zip: _____

Social Security Number: _____ - _____ - _____ Driver License Number: _____

State: _____ Expiration Date: _____ DOB: _____ Sex (circle one): M / F

Height: _____ Weight: _____ Hair Color _____ Eye Color: _____

REFERENCE INFORMATION (List three references not related to you)

1. _____
Name of Reference Telephone Number Relationship to Reference

2. _____
Name of Reference Telephone Number Relationship to Reference

3. _____
Name of Reference Telephone Number Relationship to Reference

THE FOLLOWING MUST BE SUBMITTED ALONG WITH THE APPLICATION

CERTIFICATION

Have you ever been convicted of a felony? YES / NO If yes, please attach a separate sheet and explain.

Have you ever been convicted of a motor vehicle violation? YES / NO If yes, please attach a separate sheet and explain.

Have you ever loss the privilege to operate a motor vehicle? YES / NO If yes, please attach a separate sheet and explain.

Have you ever been licensed to drive in any other State? YES / NO If yes, and have been licensed to drive in New Hampshire less than 7 Years, you are required to submit the following:

- Applicant's Criminal Record (Issued from the previous "State" of license) – Original Record
- Motor Vehicle Driver Record (Issued from the previous "State" of license) – Original Record

I do hereby certify under penalties of perjury that to the best of my knowledge, the above statements are true and that I have submitted the required information with this application:

- \$100.00 Taxi Business License Application Fee (Non-refundable)
- \$25.00 Taxi Business Owner/Operator License Fee (Non-refundable)
- Copy of the applicant's valid (State of residency) issued motor vehicle operator's license
- 2 Photographs of the applicant (Business Owner)
- Applicant's Criminal Record – Original Record (Criminal Record Form is obtained from the State Police of the applicants' state of residence.)
- Applicant's Motor Vehicle Driver Record – Original Record (Motor Vehicle Driver Record Form is obtained from the State Department of Motor Vehicles of the applicants' state of residence.)
- Certificate of Insurance for the Taxi Business
- Documentation that the motor vehicle(s) passed the New Hampshire State (or State of registration) Motor Vehicle Safety Inspection Test
- Copies of registrations of all motor vehicles that will be in service as a taxi
- Copy of Taxi Fare Rates with effective date.

Applicant Signature: _____ Date: _____

MOTOR VEHICLE(S) INFORMATION

Motor Vehicle # 1

YEAR: _____ MAKE & MODEL: _____ COLOR: _____

VIN #: _____ PLATE #: _____ PLATE EXP.: _____

Motor Vehicle # 2

YEAR: _____ MAKE & MODEL: _____ COLOR: _____

VIN #: _____ PLATE #: _____ PLATE EXP.: _____

Motor Vehicle # 3

YEAR: _____ MAKE & MODEL: _____ COLOR: _____

VIN #: _____ PLATE #: _____ PLATE EXP.: _____

Motor Vehicle # 4

YEAR: _____ MAKE & MODEL: _____ COLOR: _____

VIN #: _____ PLATE #: _____ PLATE EXP.: _____

INSURANCE INFORMATION

- A. The license application will not be processed without the certification of liability insurance.
- B. The Commercial Auto Policy with personal injury coverage (Bodily Injury and Property Damage) shall not be less than five hundred thousand dollars Combined Single Limit (\$500,000), or a combination of a Commercial Auto Policy and Excess Liability Policy with Split Limit Coverage totaling not less than five hundred thousand dollars (\$500,000). Medical coverage shall not be less than \$5,000 per person.
- C. Notice of cancellation of insurance for non-payment shall be sent to the Board of Selectmen 10 days in advance by the insured and 30 days in advance by the insured for non-renewal, cancellation and cancellation warning.
- D. It is the responsibility of the applicant to obtain the necessary insurance required for submittal.
- E. If the insurance terminates, expires or is suspended, the license shall immediately terminate and expire and must immediately be returned to the Board of Selectmen.

Please refer to the Hampton Code of Ordinances Chapter 448 “Ordinance for the Regulations of Taxi Businesses” for information and complete details of all requirements and documentation for a taxi business license.

ALL APPLICATIONS ARE VERIFIED BY A RECORDS CHECK. FALSIFYING INFORMATION ON THIS APPLICATION IS A CRIME AND MAY RESULT IN ARREST, PROSECUTION AND IMMEDIATE DENIAL OF A LICENSE.

ALLOW 21 DAYS FOR THE PROCESSING OF THE LICENSE FROM THE DATE OF ACCEPTANCE OF A COMPETED APPLICATION.

ALL LICENSES WILL IMMEDIATELY TERMINATE UPON THE EXPIRATION OF THE TAXI BUSINESS INSURANCE POLICY.

THE LICENSES WILL IMMEDIATELY TERMINATE UPON THE SUSPENSION OR REVOCATION OF THE STATE ISSUED DRIVERS LICENSE

LICENSE EXPIRES ON MARCH 31ST, 2018.

PLEASE DO NOT WRITE BELOW THIS LINE – TOWN DEPARTMENTAL USE ONLY

POLICE DEPARTMENT REVIEW

THIS APPLICATION IS (circle one): APPROVED / DENIED

APPROVAL

STIPULATIONS:

Licensing Officer Signature: _____ Date: _____

Taxi Business License granted this day. _____

Board of Selectmen:
