

**TAXI OPERATORS LICENSE APPLICATION**

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

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**APPLICANT INFORMATION**

Status (circle one): INITIAL / RENEWAL

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Length of Residence: \_\_\_\_\_ If less than 12 months provide your previous address  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Driver License Number: \_\_\_\_\_  
State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex (circle one): M / F  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Taxi Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Taxi Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**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

**EMPLOYMENT INFORMATION** (List the last three employers)

1.	_____	Start (month/year)_____	End (month/year)_____
	Employer Name	Length of Employment	
	_____	_____	_____
	Employer Address	Employer's Telephone Number	
2.	_____	Start (month/year)_____	End (month/year)_____
	Employer Name	Length of Employment	
	_____	_____	_____
	Employer Address	Employer's Telephone Number	
3.	_____	Start (month/year)_____	End (month/year)_____
	Employer Name	Length of Employment	
	_____	_____	_____

Employer Address

Employer's Telephone Number

**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:

- \$25.00 Taxi Operators License application fee (Non-refundable)
- Copy of the applicant's (State of Residency) valid motor vehicle operator's license
- 2 Photographs of the applicant (Taxi Operator)
- Employment Statement (or statement of intent to employ from employer)
- Applicant's Criminal Record – Completed Original Record (Criminal Record Form is obtained from the State Police of the applicants' State of residence.)
- Applicant's Motor Vehicle Driver Record – Completed Original Record (Motor Vehicle Driver Record Form is obtained from the State Department of Motor Vehicles of the applicants' State of residence.)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 operator's 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 ACCETPTANCE OF A COMPETED APPLICATION.**

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

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

**LICENSE EXPIRES ON MARCH 31<sup>st</sup>, 2018**

**PLEASE DO NOT WRITE BELOW THIS LINE – POLICE DEPARTMENT USE ONLY**

**POLICE DEPARTMENT REVIEW**

THIS APPLICATION IS (circle one): APPROVED / DENIED

APPROVAL STIPULATIONS:

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Licensing Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Taxi Operator License granted this day. \_\_\_\_\_

Board of Selectmen:

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