BEAUMONT POLICE DEPARTMENT TAXI CAB CHAUFFEUR'S LICENSE APPLICATION FORM

Application For () NEW () RENEWAL

IT IS THE RESPONSIBILITY OF THE APPLICANT:

TO ENSURE THAT ALL INFORMATION REQUIRED ON THIS APPLICATION OR DOCUMENTS THAT ARE REQUIRED TO SUPPLEMENT THE APPLICATION ARE SUBMITTED IN A CORRECT AND TIMELY FASHION.

THE PERMIT APPLICATION AND ACCOMPANYING DOCUMENTS <u>MUST BE SUBMITTED AS A SINGLE PACKAGE</u>. THE SUBMISSION ON AN INCOMPLETE APPLICATION, FAILURE TO SUBMIT REQUIRED SUPPLEMENTAL INFORMATION, INACCURATE OR MISLEADING STATEMENTS IN THE APPLICATION, OR FALSE ENTRIES IN THE APPLICATION, OR FALSE ENTRIES IN THE APPLICATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO SUBMIT WITH THIS APPLICATION:

- (1) Affidavits from two (2) reputable citizens of the city of Beaumont stating that the applicant is a trustworthy, sober and reliable person, of good moral character, and that such applicant is competent to operate a taxi cab.
- (2) A certificate from a reliable physician of the city of Beaumont showing that such applicant is not disabled by reason of defective sight or hearing, and that such applicant is not crippled in any of his or her limbs and that he/she has no ailment which would preventsuch applicant from safely operating a taxi cab.

THIS APPLICATION MUST BE FILLED IN INK BY THE APPLICANT IN THE APPLICANTS OWN HANDWRITING AND MUST BE <u>FULLY LEGIBLE</u>. <u>ALL</u> <u>QUESTIONS MUST BE ANSWERED IN A COMPLETE AND ACCURATE MANNER</u>.</u>

Name (Full):_____

Present Address:_____

City:_____ Home Phone:_____

Addresses During prior 5 years:_____

ast Place of Employment (Name and	Address)		
ex: M() F() Date of Birth	h:	Age:	Race:
Height:	ocial Security #		

List <u>all</u> arrests/ citations/ summons that you have been issued for any violations of traffic laws in the State of Texas:
