



## CITY OF SACO TAXICAB OPERATORS LICENSE APPLICATION

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ FEE \$40.00 DATE PAID \_\_\_\_\_

NAME \_\_\_\_\_  
(First) (Middle initial) (Last)

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

NAME OF BUSINESS YOU WORK FOR \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

MOTOR VEHICLE LIC. # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

IS YOUR MOTOR VEHICLE LICENSE PRESENTLY REVOKED, OR HAS IT BEEN  
REVOKED IN THE PAST THREE (3) YEARS? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (Circle one) YES NO  
IF YES, PLEASE DESCRIBE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY TRAFFIC VIOLATIONS?  
(Circle one) YES NO

IF YES, PLEASE DESCRIBE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. TWO (2) PHOTOGRAPHS OF THE APPLICANT SHALL ACCOMPANY THIS  
APPLICATION.

2. PROOF OF ADEQUATE PUBLIC LIABILITY INSURANCE SHALL BE PROVIDED.

Turn document over to complete.

3. BY SIGNING THIS APPLICATION, I 'M STATING THAT THE INFORMATION IS TRUE AND ACCURATE, AND I HEREBY AUTHORIZE THE SACO POLICE DEPT. TO INVESTIGATE AND VERIFY THE INFORMATION SUBMITTED IN THIS APPLICATION.

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER MAINE REVISED STATUTE S ANNOTATED, TITLE 17-A, SECTIONS 452 AND/OR 453.

**THIS FORM NEEDS TO BE SIGNED AND VERIFIED UNDER  
OATH IN FRONT OF A NOTARY PUBLIC.**

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SIGNATURE

PRINT NAME

DATE

STATE & COUNTY: \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_

SIGNATURE

PRINTED NAME

MY COMMISSION EXPIRES ON: \_\_\_\_\_