

# TAXI DRIVER APPLICATION

CITY OF ROSEBURG  
900 SE DOUGLAS, ROSEBURG, OR 97470

**\$30.00 Original Application Investigation Fee**

**\$20.00 Annual Permit Fee (\$10.00) if received after 7/1) PERMIT NO.** \_\_\_\_\_

RENEWAL \_\_\_\_\_

RECEIVED \_\_\_\_\_

TO POLICE \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address & Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ **Age** \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone # \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_ **Weight** \_\_\_\_\_

Firm Name and Owner(s) \_\_\_\_\_

Firm Address \_\_\_\_\_

Business Phone # \_\_\_\_\_

Do you have any physical or mental condition which would impair your ability to operate a taxicab? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you ever received psychiatric care or gone through drug and/or alcohol rehabilitation? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

List past employment history: \_\_\_\_\_

List any and all past or present violation(s) of law or ordinance, including arrests or convictions of the applicant. Attach additional page if necessary: \_\_\_\_\_

If convicted, what punishment or penalty was assessed? \_\_\_\_\_

**NOTE:** For first time applicants, applications must be accompanied by a non-refundable application investigation fee. All applicants must submit a current photograph with the application.

**STATEMENT OF COMPLIANCE:** By signing and submitting this application, I hereby certify that the foregoing information is true and correct; I have received a copy of Roseburg Municipal Code Chapter 9.08 concerning Taxicab and Limousine Service, have read and understand the same and agree to fully comply with all terms and conditions set forth therein.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Office Use Only** ORIGINAL APPLICATION INVESTIGATION FEE RECEIPT # \_\_\_\_\_ PERMIT FEE RECEIPT # \_\_\_\_\_

Police Department:  
Comments: \_\_\_\_\_

Approval Yes \_\_\_ No \_\_\_ \_\_\_\_\_

\_\_\_\_\_  
Police Chief or Designee

\_\_\_\_\_  
Date

**THIS APPLICANT HAS MET THE REQUIREMENTS FOR TAXICAB DRIVER PURSUANT TO RMC CHAPTER 9.08**

\_\_\_\_\_  
Roseburg City Recorder or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiration Date