



Operator's License Portion

If operating as a corporation, limited partnership or association to conduct business under the laws of The State of Oregon then attach a copy of said state issued documents.

Yes, attached: \_\_\_\_\_ Not Applicable: \_\_\_\_\_

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Name of applicant: \_\_\_\_\_

Post Office Address of Applicant: \_\_\_\_\_

(If a partnership, or joint venture, include names and addresses of parties thereto)

Vehicle

For each vehicle provide:

Year: \_\_\_\_\_

Model: \_\_\_\_\_

Serial/VIN # \_\_\_\_\_

License Plate # \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Class of Vehicle: \_\_\_\_\_

Passenger Carrying Capacity: \_\_\_\_\_

Provide Evidence of Insurance      Policy# \_\_\_\_\_

For each vehicle provide:

Year: \_\_\_\_\_

Model: \_\_\_\_\_

Serial/VIN # \_\_\_\_\_

License Plate # \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Class of Vehicle: \_\_\_\_\_

Passenger Carrying Capacity: \_\_\_\_\_

Provide Evidence of Insurance      Policy# \_\_\_\_\_

Provide References as to character, reputation as a law abiding citizen and of financial responsibility.

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

Residences

List all residences for the past 10 years, beginning with the most recent address. Include addresses while attending school and during military service.

Year From	Year To	Street Address, Apt. #	City, State, Zip

Employment History

List all occupations for the past 5 years, beginning with the most recent.

Year From	Year To	Position	Employer	Address (City, State, Zip)

Arrest, Detention, Litigation

Have you ever been arrested by a law enforcement agency?\_\_\_\_\_

Have you ever been fingerprinted for any reason (arrest, job applicant, etc...)?\_\_\_\_\_

If the answer to any of the above questions is yes, list below the date, place, charge, disposition, and full details of each incident. Include all arrests and citations.

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Certificate of Applicant

I, the undersigned, hereby give my consent to the Coquille Police Department to conduct a background investigation for the purpose of determining my qualifications to be granted a taxicab driver’s permit. I do further authorize the release to the Coquille City Manager of all information pertaining to, but not limited to, my military record, driving record, police record, or prior employment record. I do certify that all statements made herein are true with the understanding that omissions of fact or misstatements on my part shall cause forfeiture of all eligibility to a license or permit. I certify that I have read, understand and will fully comply with all provisions of City of Coquille Ordinances No. 5.28.010 thru 5.28.120, entitled “TAXICABS”.

Signature:\_\_\_\_\_

Date:\_\_\_\_\_