

**CITY OF CROSSVILLE, TENNESSEE
APPLICATION FOR TAXICAB DRIVER'S PERMIT**

Date of Application: _____

NAME: _____ TELEPHONE _____

ADDRESS: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ COLOR OF EYES: _____

SEX Male Female

Are you subject to: Epilepsy _____ Vertigo _____ Heart Trouble _____

Do you have a TN Class D Driver's License with a "For-Hire Endorsement"? _____

Tennessee Driver's License Number _____

Have you been convicted of a felony, drunk driving, driving under the influence of an intoxicant or drug, or of frequent minor traffic offenses within the five (5) years preceding application? _____

Have you been involved in more than two (2) "at-fault" traffic accidents within the five (5) years preceding application? _____

Taxicab driver's permits are issued to the driver, not the taxicab service. What taxicab service will you initially be driving for? _____

REQUIRED ATTACHMENTS:

- Five year history from the Department of Safety
- Physical

Signature of Applicant: _____

*Return application to: Valerie Hale, City Clerk, 392 N. Main, Crossville, TN 38555
Or email to: malena.fisher@crossvilletn.gov*

FOR OFFICE USE ONLY:

Approval: Recommended Not Recommended

DATE: _____

Police Chief

Date Issued by City Clerk: _____ Permit No. _____

**CITY OF CROSSVILLE, TENNESSEE
APPLICATION FOR TAXICAB FRANCHISE PERMIT**

Date of Application: _____

NAME OF TAXICAB SERVICE: _____

OWNER'S NAME: _____

ADDRESS: _____

TELEPHONE _____

LIABILITY INSURANCE REQUIREMENTS:

Please attach a Certificate of Insurance showing a minimum coverage of:

- \$25,000 for bodily injury or death per person
- \$50,000 for bodily injury or death per accident
- \$10,000 for property damage

UPON ISSUANCE OF FRANCHISE PERMIT THE FOLLOWING MUST BE COMPLETED BEFORE COMMENCEMENT OF SERVICE:

- List of vehicles
- Vehicle inspection by Police Department
- List of drivers
- Rate sheet

Signature of Owner: _____

*Return application to: Valerie Hale, City Clerk, 392 N. Main, Crossville, TN 38555
Or email to: malena.fisher@crossvilletn.gov*

FOR OFFICE USE ONLY:

Approval: Recommended Not Recommended

DATE: _____

Police Chief

Date Issued by City Clerk: _____ **Permit No.** _____

**CITY OF CROSSVILLE, TENNESSEE
TAXICAB DRIVER'S PERMIT RENEWAL
(Deadline-November 30)**

Date of Submittal: _____

NAME: _____ TELEPHONE _____

ADDRESS: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ COLOR OF EYES: _____

SEX Male Female

Are you subject to: Epilepsy _____ Vertigo _____ Heart Trouble _____

Do you have a TN Class D Driver's License with a "For-Hire Endorsement"? _____

Tennessee Driver's License Number _____

Taxicab driver's permits are issued to the driver, not the taxicab service. What taxicab service are you currently driving for? _____

REQUIRED ATTACHMENTS:

- History from the Department of Safety
- Physical (within past 60 days)

Signature of Applicant: _____

*Return application to: Valerie Hale, City Clerk, 392 N. Main, Crossville, TN 38555
Or email to: malena.fisher@crossvilletn.gov*

FOR OFFICE USE ONLY:

Approval: Recommended Not Recommended

DATE: _____

Police Chief

Date Issued by City Clerk: _____ Permit No. _____

**CITY OF CROSSVILLE, TENNESSEE
TAXICAB FRANCHISE PERMIT RENEWAL
(Deadline-November 30)**

Date of Submittal: _____

NAME OF TAXICAB SERVICE: _____

OWNER'S NAME: _____

ADDRESS: _____

TELEPHONE _____

LIABILITY INSURANCE REQUIREMENTS:

Please attach a Certificate of Insurance showing a minimum coverage of:

- \$25,000 for bodily injury or death per person
- \$50,000 for bodily injury or death per accident
- \$10,000 for property damage

PRIOR TO RENEWAL OF FRANCHISE PERMIT THE FOLLOWING MUST BE COMPLETED:

- List of vehicles (Attach)
- Vehicle inspection by Police Department Yes No

Signature-Crossville Police Dept. Date: _____

- List of drivers (Attach)
- Rate sheet (Attach)

Signature of Owner: _____

*Return application to: Valerie Hale, City Clerk, 392 N. Main, Crossville, TN 38555
Or email to: malena.fisher@crossvilletn.gov*

FOR OFFICE USE ONLY:

Approval: Recommended Not Recommended

DATE: _____

Police Chief

Date Issued by City Clerk: _____ Permit No. _____