

**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? _____

Signature of Applicant: _____

FOR OFFICE USE ONLY:

Approval: Recommended Not Recommended

DATE: _____

Police Chief

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