

**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: Baylee Rhea, City Clerk, 392 N. Main St., Crossville, TN 38555  
Or email to: baylee.rhea@crossvilletn.gov*

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**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: Baylee Rhea, City Clerk, 392 N. Main St., Crossville, TN 38555*  
*Or email to: baylee.rhea@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: Baylee Rhea, City Clerk, 392 N. Main St., Crossville, TN 38555  
Or email to: baylee.rhea@crossvilletn.gov*

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**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: Baylee Rhea, City Clerk, 392 N. Main St., Crossville, TN 38555  
Or email to: baylee.rhea@crossvilletn.gov*

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**FOR OFFICE USE ONLY:**

**Approval:** ☐ Recommended ☐ Not Recommended

**DATE:** \_\_\_\_\_ **Police Chief** \_\_\_\_\_

**Date Issued by City Clerk:** \_\_\_\_\_ **Permit No.** \_\_\_\_\_