



TAXI CAB FRANCHISE APPLICATION

1. Full name of Applicant: _____

2. Address: _____

3. Telephone Number: _____

4. Driver's License Number: _____

5. Social Security Number: _____

6. Date of Birth of Applicant: _____

7. Do you have experience transporting passengers? _____ yes _____ no

8. Number of years' experience transporting passengers: _____ years

Please explain experience: _____

9. Financial status of the applicant, including the amounts of all unpaid judgments against the applicant and the nature of the transaction or acts giving rise to said judgment.

10. Have you been convicted of driving under the influence of an intoxicant or drug the past five years (5) immediately preceding the date of application? _____

11. Have you been convicted of three (3) or more moving traffic violations during the past three years (3) immediately preceding the date of application? _____

12. Have you been convicted of a felony within the past ten (10) years? _____

If the answer to No. 10, 11, or 12 is YES, complete the following:

Date	Charges	City/County/State of Arrest	Final Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Name of Business: _____

13. Address and location of proposed depot or terminal: _____

14. If corporation, list all owners' names and addresses: _____

15. Color scheme and/or insignia to be used to designate the vehicle or vehicles of the applicant:

16. Number of vehicles requested for service: _____

17. Amount of Public Liability Insurance carried (\$20,000 required) _____

18. Amount of Property Damage Insurance carried (\$5,000 required) _____

19. Name of Insurance Company _____

Policy No. _____

20. Have you attached affidavits of Good Character from two (2) reputable citizens of Springfield who have known you personally and have observed your conduct for at least five (5) years preceding the date of application? _____

21. Have you been fingerprinted by the Springfield Police Department for a background check by the State of Tennessee and have you paid the applicable state fee for this service? _____

22. Have you attached the required certified copy of your driving record? _____

I HAVE RECEIVED A COPY OF THE "TAXICABS" ORDINANCE AND HAVE READ AND UNDERSTAND ALL THE PROVISIONS OF THE ORDINANCE.

I HEREBY GIVE MY PERMISSION TO ALLOW THE CITY OF SPRINGFIELD TO CHECK ANY RECORDS PERTINENT TO MY EDUCATION OR CHARACTER INFORMATION.

I VERIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS THE _____ DAY OF _____, 20_____.

Signature of Applicant

Subscribed and sworn before me this _____ day of _____, 20_____

NOTARY PUBLIC

My commission expires: _____

(FOR OFFICE USE ONLY)

FRANCHISE APPLICATION

Date Received

Signature of City Clerk

Date

Signature of Chief of Police

Application: Approved _____ Denied _____

Reason application is denied: _____

BOARD'S ACTION

Date of Board of Mayor and Aldermen Meeting: _____

Application: Approved _____ Denied _____

Comments:



Taxicab Inspection Form

Name of Taxi Company: _____
 Make, Model & Year: _____
 VIN Number: _____
 Tennessee License Plate Number: _____

The following shall be completed by a certified mechanic only.

Date of inspection: _____
 Place of inspection: _____
 Mechanic Name: _____
 Mechanic Work Phone #: _____

Checklist:

Name of cab company visible? Y____ N____

<u>Check Item</u>	<u>OK</u>	<u>Required Attention</u>
Brakes		
Tires		
Front lights		
Rear lights		
Turn signals		
Windshield wipers		
Horn		
Steering		
Glass		
Door knobs and handles		
Seat belts		
Rear view mirror		
Muffler/Exhaust system		

Other safety defect(s) noted:

I, _____, verify that all included information is true, correct, and complete.

 Mechanic Signature

 Date