

**APPLICATION FOR TAXI DRIVER'S PERMIT**  
**Town of Brattleboro, Vermont**

**CHECK ONE:**

\_\_\_\_\_ **New or renewal application** -- \$55.00 Fee  
(includes application fee and record check fee)

*Paid* \_\_\_/\_\_\_/\_\_\_

**PART I**

Full Name \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail address \_\_\_\_\_

Your Full Mailing Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Eyes \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Operator's License No. \_\_\_\_\_

State of Issuance \_\_\_\_\_ License Expiration Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Taxi Company you are working for: \_\_\_\_\_

Contact at Taxi Company: \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail address \_\_\_\_\_

Full mailing address of Taxi Company: \_\_\_\_\_

Has Taxi Company obtained a current Brattleboro Business License? \_\_\_\_\_

Is Taxi Company current on taxes and water/sewer payments? \_\_\_\_\_

**PART II**

**A. A statement from physician must be provided prior to issuance of license acknowledging that applicant's general health, eyesight, and hearing is acceptable for operation of a taxicab. Please attach physician's statement to this application.**

**B. Have you ever been convicted of a felony under the laws of this or any other state? Yes/No: \_\_\_\_\_**

If Yes, list **ALL** offenses, date(s), place(s), and penalty(ies) (if more space is needed, use back of this sheet):

Offense: \_\_\_\_\_

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

Penalty: \_\_\_\_\_

**C. Have you ever been found guilty of negligence in a civil action for damages in a motor vehicle accident? Yes/No: \_\_\_\_\_**

If yes, list **ALL** offenses, date(s), place(s), and damages (if more space is needed, use back of this sheet):

Offense: \_\_\_\_\_

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

Damages: \_\_\_\_\_

**D. Have you ever been convicted of driving while under the influence or careless and negligent operation? Yes/No: \_\_\_\_\_**

If yes, list **ALL** offenses, date(s), place(s), and penalty(ies) (if more space is needed, use back of this sheet):

Offense: \_\_\_\_\_

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

Penalty: \_\_\_\_\_

**E. Have you ever been issued any other motor vehicle violation?**

**Yes/No:** \_\_\_\_\_

If yes, list **ALL** offenses, date(s), place(s), and penalty(ies) (if more space is needed, use back of this sheet):

Offense: \_\_\_\_\_

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

Penalty: \_\_\_\_\_

**F. List two latest employers, and their addresses and telephone numbers:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**G. I have included a copy of my current driver's license.**

**SIGNATURE:** I have read the Brattleboro Taxi Cab Ordinance (Chapter 11, Article IV), and agree to abide by the requirements and regulations contained therein. I have submitted the required physician's note and a copy of my current driver's license. I understand that my permit will expire on September 1 of each year, and will need to be renewed on a yearly basis.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

I Approve/ Disapprove this Taxi Driver Permit.

Comments:

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date

\*\*\*\*\*

I Approved / Disapproved this Tax Driver Permit.

Comments:

\_\_\_\_\_  
Town Manager

\_\_\_\_\_  
Date