



**CITY OF SPRINGFIELD**

Receipt # \_\_\_\_\_

**APPLICATION FOR TAXI CAB FRANCHISE**

\_\_\_\_\_  
(1) Full name of Applicant

\_\_\_\_\_  
(2) Home Address

\_\_\_\_\_  
(3) Home telephone No. (4) Driver's License No.

\_\_\_\_\_  
(5) Social Security No. (6) Date of Birth

\_\_\_\_\_  
(7) Experience in the transportation of passengers.

\_\_\_\_\_  
(8) 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.

\_\_\_\_\_  
9) 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? \_\_\_\_\_

\_\_\_\_\_  
10) Have you been convicted of three (3) or more moving traffic violations during the past three years (3) immediately preceding the date of application? \_\_\_\_\_

\_\_\_\_\_  
11) Have you been convicted of a felony within the past ten (10) years? If the answer to No. 7, 8, or 9 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 name and address.

(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 two (2) 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 a certified copy of your driving record? (required) \_\_\_\_\_

I have received a copy of the "Taxicab" 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, MEDICAL BACKGROUND, 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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE of Applicant

Subscribed and sworn before me  
this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY  
My commission expires \_\_\_\_\_

(FOR OFFICE USE ONLY)

TEMPORARY PERMIT

Date received by City Clerk \_\_\_\_\_  
(Date) (Clerk's Signature)

Chief of Police \_\_\_\_\_  
(Date) (Chief's Signature)

Application: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason application is denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit

(FBI Check)

Date received by City Clerk \_\_\_\_\_  
(Date) (Clerk's Signature)

Chief of Police \_\_\_\_\_  
(Date) (Chief's Signature)

Application: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason application is denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Date approved/denied by the Board of Mayor and Aldermen \_\_\_\_\_

Application \_\_\_\_\_ Approved/\_\_\_\_\_ Denied: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_