



Chillicothe Police Department

28 North Paint Street • Chillicothe, Ohio 45601 • Phone (740) 773-1191 / Fax (740) 779-2802

Keith A. Washburn – Chief of Police

September 28, 2018

CHILlicothe POLICE DEPARTMENT TAXI PERMIT APPLICATION PROCEDURES

1. Complete City of Chillicothe, Department of Administration, Application for Taxicab Driver's License form.
2. Get a BMV printout of your driving record and a valid chauffeur's license.
3. Contact the Bureau of Criminal Investigation & Identification section of the Ohio Attorney General's Office at 614-466-8204 to obtain a Civilian Background Check. They will give you information on how to obtain your Criminal Record Check.
4. When your record check is completed and you have your copy of BCI & I, bring the Record Check, the BMV record and the Application to the Police Department for approval/disapproval.

CITY OF CHILLICOTHE

Application for Taxicab Driver's License

I, _____, hereby apply for a license to drive a taxicab in the City of Chillicothe, Ohio.

Where do you live? _____ How long? _____

Have you been a resident of this County for one year preceding the date of this application? ____

How long? _____ What is your age? _____

Where were you born? _____

Have you had six months experience in driving? _____

Are you're a citizen of the United States? _____

Are you able to speak, read, and write the English language? _____

Have you ever been arrested and convicted on any charge whatsoever in Chillicothe or elsewhere? _____

At the present time have you any license issued to you by the City of Chillicothe? _____

If so explain _____

Has any license heretofore issued to you by the City of Chillicothe ever been suspended or revoked? _____

If so explain _____

Are you addicted to the use of intoxicating liquor or any habit forming drug? _____

Have you any of the following infirmities? Defective vision _____ Defective hearing _____

Epilepsy _____ Vertigo _____ Heart trouble _____ -

Have you any other mental or physical incapacity or infirmity which would in any way interfere with the proper management and control by you of a motor vehicle? _____

Application for Taxicab Drivers's License

Name and addresses of your employers and your occupation for the past five years. If you were a student , give name of school, city and state

EMPLOYER	ADDRESS	OCCUPATION

Return this application to the City Auditor's Office 35 S Paint Street

PERSONAL DESCRIPTION

Race _____ Color of eyes _____ Color of hair _____

Sex _____ Weight _____ Height _____ Date of Photograph _____

Married _____ Single _____

Do you further agree to conform to and abide by all the rules and regulations of the City of Chillicothe and City Ordinances governing public automobile, taxicabs, and chauffeurs? _____

Signature of Applicant

Application for Taxicab Driver's License

STATE OF OHIO,
COUNTY OF ROSS,ss:

_____,being duly sworn, deposes and says
he/she is the individual making the foregoing application; that the answers to the foregoing
questions and other statements contained therein are true of his/her own knowledge and belief.

Signature of Applicant

Sworn to before me and subscribed in my presence this ____ day of _____, 20__

Notary Public

Requirements and instructions: Applications that are badly torn or soiled will be refused. Two photographs of the applicant must be furnished with this application. The faces must be as large as a fifty cent coin, giving a front view of the face only, without hat or cap. They must be unmounted and be taken within thirty days of the date of this application. Two new photographs must be furnished for each renewal of a license.

The applicant must be 18 years of age, a citizen of the United State, able to read, write, and speak the English language, physically and mentally capable of driving an automobile and have at least six months experience in driving.

The application must be filled out completely and all questions fully answered.

The license fee is \$10.00 for a 1 year period. Renewal of the license must be made thirty days before date of expiration of former license. { Per Ordinance #6-14, Section 721.11 (B) & (E) }

Must have STATE OF OHIO CHAUFFEUR LICENSE before this license can be issued.

Application for Taxicab Driver's License

I hereby certify that I have examined the applicant and that he/she has a through knowledge of the provisions governing the operation of a taxicab, the City of Chillicothe and its traffic regulations.

Passed_____ Rejected_____ Withdrawn_____

Chief of Police