

**CITY OF CHILLCOTHE
APPLICATION FOR TAXICAB LICENSE BY OWNER**

DATE of APPLICATION: _____ APPLICATION NO.: _____

All questions must be answered fully to be considered.

Name of Owner	Address of Owner
Trade Name to be used	Address of Business

List all names and addresses of personnel interested in applicant's taxicab business.

NAME	POSITION	ADDRESS	SS#

Number of vehicles for application _____

Vehicle Information

License #	Make	Model	VIN#	# of Seats

Describe the color scheme, lettering, and markings to be used on these vehicles:

Specify hours service will be offered and cabs available during said hours:

Will cabs be equipped with 2-way radios? _____ Are you licensed by FCC? _____

If not, how will you be handling call for pickups?

Proposed rate schedule _____

Previous licenses for taxicabs _____

Has an application for taxicab license ever been rejected? If so, when and what city?

Section 721.05 of the Revised Ordinances of the City of Chillicothe, Ohio, provides that licenses be granted based on public convenience and necessity. Give your reasons why you believe additional taxicabs are needed in Chillicothe, Ohio.

Signature of Owner

Filed with the Secretary of Taxicab License Board:

Signature of Board

(Note: Insurance requirements of Section 721.10 of Revised Ordinances must comply with the Taxicab License Board prior to the issuance of the license.)

**TAXICAB INSPECTION FORM
CITY OF CHILLICOTHE**

DATE _____

The following form is to be completed, as directed below on a six-month basis to establish that the identified vehicle meets all Safety Standards and City Ordinance Requirements to operate as a Taxicab within the City of Chillicothe, Ohio. The Registered Owner must, personally, deliver the vehicle to the inspection location and will be required to sign this form as noted (*). Inspections will be by appointment established by contacting the City Mechanic. No reasonable delay is to be expected.

VEHICLE DESCRIPTION

Year	Make & Model	VIN #		
Vehicle License #	Company Name			
Business Address	City	State	Zip Code	
(*) _____ Owner's Signature				
Resident Address	City	State	Zip Code	

To obtain/maintain a Taxicab License, the following areas must be free of any defect. All Defects noted must be corrected and a re-inspection made before a License can be approved.

(Yes-Free of Defect, No-Defective)

GENERAL SAFETY (Proper line to be marked with "X")

Yes	No	_____ Lights – Head, tail, stop, license plate, reflectors
_____	_____	_____ Turn Signals

- Glass – Free from defect, cracks, provide good vision
- Exhaust System
- Tires
- Steering
- Horn
- Mirror's
- Windshield Wipers
- Brakes – Pedal & Emergency, either capable of stopping vehicle from a speed of 20mph in a distance of 25 feet on dry, level, asphalt

SAFETY EQUIPMENT REQUIRED (By Ordinance)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Light in passenger's compartment, controlled by passenger |
| <input type="checkbox"/> | <input type="checkbox"/> | Spare Tire - fits all wheels |
| <input type="checkbox"/> | <input type="checkbox"/> | Tire Tools – complete set |

The above inspection was completed by:

_____	_____
City Mechanic	Date & Time

I certify that skid chains or snow tires will be available and used when road or weather conditions make their use necessary. I also agree to maintain the above Safety Standards while this vehicle is being operated as a Taxicab.

_____	_____
Owner's Signature	Date & Time

When completed, the original of this form is to be forwarded immediately to the Chairman of the Taxicab Licensing Board.