



CITY OF ATHENS POLICE DEPARTMENT

THOMAS D. PYLE II, CLEE, CHIEF OF POLICE

TAXICAB OPERATOR/DRIVER'S LICENSE APPLICATION

Name of Applicant: _____

Taxicab Company: _____

All aliases and nicknames used: _____

Date of Birth: _____ Social Security Number: _____

Current Address: _____

Telephone Number: _____

Prior addresses during past 10 years:

Have you ever been convicted of any of the following offenses?

- Any offense of violence as defined by Ohio Revised Code 2901.01 __ yes __ no
- Felony drug __ yes __ no
- Felony theft __ yes __ no
- Felony sexual crime __ yes __ no
- Driving under the influence of drugs or alcohol __ yes __ no

If you answered yes to any of the above questions, please attach a written explanation, including date of conviction and court.

You must submit the following documents with the application:

- Copy of your driver's license.
- Copy of driving record (past 6 years for new applications, 3 year abstract for annual renewals).
- Recent (within past 3 months) BCI&I criminal history fingerprint check.
- Digital photo (shoulders and face, may be e-mailed to awaldron@ci.athens.oh.us.)

Under penalty of law, I attest that the information I have provided is true and correct. Failure to truthfully provide the required information will be grounds for denial of a license.

Signature of applicant

date

Witness signature (notary public or Athens City employee)
(Form Date: 4/15/14)

This application is to be completed in full and submitted to the City of Athens Utilities Billing office along with a non-refundable \$10 application fee. Applications will be forwarded to the City of Athens Police Department for processing to include a local background check. Processing time will normally take 10 business days or less. Applicants will be notified in writing of denials and the appeals process that is listed in the Athens City Code.

OFFICE USE ONLY	
Date Received	
Fee Paid	
Investigation Completed	
License Issued/Denied	