



CITY OF PORTSMOUTH, NEW HAMPSHIRE OFFICE OF THE CITY CLERK

TAXI LICENSE APPLICATION

INSTRUCTIONS: Please print or type all required information clearly. Along with this application, you must submit two passport sized photographs, copy of your State driver's license, and driver/criminal records to this application or your application **will not be accepted.**

APPLICANT INFORMATION

Name of Company Employer: _____ Status (circle one): RENEWAL / INITIAL

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____ City/State/Zip: _____

Daytime Telephone: _____ Evening Telephone: _____

Date of Birth: _____ Driver License Number: _____ State: _____

Height: _____ Weight: _____ Hair Color/Eye: _____

REFERENCE INFORMATION (List three references not related to you)

1. _____
Name of Reference Telephone Number Relationship to Reference

2. _____
Name of Reference Telephone Number Relationship to Reference

3. _____
Name of Reference Telephone Number Relationship to Reference

EMPLOYMENT INFORMATION (List the last three employers)

1. _____ Start (month/year) _____ End (month/year) _____
Employer Name Length of Employment

2. _____ Start (month/year) _____ End (month/year) _____
Employer Name Length of Employment

3. _____ Start (month/year) _____ End (month/year) _____
Employer Name Length of Employment

Employer Address Employer Telephone Number

RESIDENCE: (List residence for the last 10 years)

- 1. _____
- 2. _____
- 3. _____

Continue on reverse if necessary.

**THIS SECTION MUST BE COMPLETED WITH ALL DOCUMENTS ATTACHED
OR YOUR APPLICATION WILL NOT BE ACCEPTED.**

CERTIFICATION

I do hereby certify under penalties of perjury that to the best of my knowledge, the above statements are true and I have submitted the following required information with this application:

- 2 PASSPORT SIZE Photographs
- Criminal Record (Processed from the New Hampshire Department of Safety/State Police Division or applicable Department of Safety/State Police Division where you have resided)
- Motor Vehicle Driver Record (Processed from the New Hampshire Department of Safety or applicable Department of Safety/State Police Division where you have resided)
- Copy of State Driver's License

Applicant Signature: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE – POLICE DEPARTMENT USE ONLY

POLICE DEPARTMENT REVIEW

Triple I – (date): _____ (attached)

Motor Vehicle check – (date): _____

Recommendation Information: _____

THIS APPLICATION IS (circle one): APPROVED / DENIED

APPROVAL STIPULATIONS: _____

Police Department Signature: _____ Date: _____