

**CITY OF AKRON
TAXICAB and TRANSPORTATION DRIVER'S LICENSE**

The following information must be submitted with a completed application:

1. Authorization form for criminal background check
2. 3 photos approximately 2" x 2" in size

Expiration: Expires annually on June 30

License: (License must be worn by driver or displayed in a prominent location of the vehicle at all times)

Driver's License fee: \$25.00

Must be at least 21 years of age.

Must have a valid State of Ohio driver's license.

[Any applicant who has been convicted of or pled guilty to any homicide, kidnapping or sexual offense shall not be granted this license. Any applicant who has been convicted of or pled guilty to (within 5 years of completion of sentence) unlawful possession of weapons, any felony involving physical violence, driving under the influence of alcohol or a controlled substance shall not be granted this license.]

CITY OF AKRON
TREASURY / LICENSE DIVISION
161 SOUTH HIGH STREET, SUITE 200
AKRON, OHIO 44308
TAXICAB DRIVER'S LICENSE APPLICATION

1. Name _____ Soc. Sec. # _____

2. Address _____

3. Phone _____ E-mail _____

4. Date of Birth _____ Place of Birth _____

5. Addresses where you have lived, past five years:

6. Have you **ever** been convicted of **any** felony? ___YES ___NO
Date of conviction Offense Disposition

6. State of Ohio Driver's License No. _____ Expires _____

7. Has your Driver's License ever been suspended or revoked? ___YES ___NO

8. Have you ever been licensed as a Taxicab Driver before? ___YES ___NO
City & State _____ License No. _____

9. Has a previous Taxicab Driver's License ever been denied, suspended or revoked?
___YES ___NO If so, where, when and for what reason: _____

(OVER)

10. Current Taxicab Company employer_____

11. Places of Employment, past five years:

THE UNDERSIGNED STATE THAT ALL THE ABOVE INFORMATION IS TRUE.
THE UNDERSIGNED ALSO ACKNOWLEDGES RECEIPT OF THE LICENSING
ORDINANCE AND UNDERSTANDS THE PROVISIONS THEREIN. FALSIFICATION
OF INFORMATION PROVIDED ON THIS APPLICATION IS GROUNDS FOR DENIAL OF
THE ISSUANCE OF THE LICENSE.

SIGNATURE OF APPLICANT

DATE

CRIMINAL HISTORY VERIFICATION ACKNOWLEDGMENT

The undersigned hereby acknowledges that he/she is required by law to provide truthful responses to the City of Akron's request for the undersigned's criminal history. The undersigned further acknowledges that the City of Akron will perform a criminal history background search of the undersigned. Any information discovered in the criminal history background check may be used to bar the undersigned from obtaining a City of Akron Taxicab/Transportation Driver's License.

SIGNED

DATE

PRINTED NAME

SOCIAL SECURITY NUMBER

[COPY OHIO DRIVER'S LICENSE BELOW]