



Police Department
7 Commercial Street
City of Brockton, Massachusetts 02302-2799

TELEPHONE (508) 941-0200

Application for License to operate Taxi or Public Automobile

TO THE CHIEF OF POLICE,

DATE: _____

I, the undersigned, hereby apply for a license to operate Taxis in the City of Brockton, Massachusetts, as required by Article II, "Drivers License" Sec. 27 of the revised ordinances of the City of Brockton, Massachusetts, as adopted March 31, 1950 and effective May 1, 1950 and amendments thereto and as required by said chapter 10 hereby furnish the following statement of facts:

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____ PLACE OF BIRTH: _____

HIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____ COMPLEXION: _____

ARE YOU A UNITED STATES CITIZEN: _____ ARE YOU A VETERAN: _____

MA DRIVERS LICENSE NUMBER: _____ DATE OF EXPIRATION: _____

HAVE YOU BEEN ARRESTED OR SUMMONSED TO COURT IN THE PAST FIVE YEARS? _____
IF YES, GIVE DATE, OFFENSE CHARGE, DISPOSITION AND NAME OF COURT: _____

HAVE YOU EVER HAD A PREVIOUS TAXI DRIVER'S LICENSE SUSPENDED/REVOKED? _____
IF SO, GIVE CIRCUMSTANCES: _____

IS THIS APPLICATION A RENEWAL? YES: _____ NO: _____

*****MUST SUBMIT A LETTER OF INTENT TO EMPLOY BY THE TAXI COMPANY**

**** (Be advised, a full background/CORI check and drivers history check is done on all applicants) ****

SIGNATURE OF APPLICANT:
(Signed under Penalties of Perjury)

****Office Use Only****

LICENSE # ISSUED: _____

DATE OF ISSUE: _____