

CITY OF YOUNGSTOWN
FINANCE DEPARTMENT
3RD FLOOR; YOUNGSTOWN, OHIO 44503

LICENSE APPLICATION

LICENSE # _____

Date: _____

TYPE OF LICENSE : TAXI OWNER

EXPIRATION: DECEMBER 31, 2011

APPLICANT NAME: _____ AGE: _____

SOCIAL SECURITY NO: _____ - _____ - _____ TELEPHONE NO.: (____) _____

IDENTIFICATION (ATTACH PHOTO COPY): _____

ADDRESS: _____ CITY/STATE: _____

ZIP CODE: _____

DOING BUSINESS AS (NAME OF COMPANY): _____

ADDRESS: _____ CITY/STATE: _____

ZIP CODE: _____ TELEPHONE NUMBER: (____) _____

PARTNERSHIP (NAME): _____ SSN# _____ - _____ - _____

NUMBER OF DRIVERS WITH COMPANY: _____

APPLICANT SIGNATURE _____ DATE _____

RECORD CHECK – POLICE DEPARTMENT (FOURTH FLOOR, RECORDS ROOM)

RECORD _____

SIGNATURE RECORD ROOM _____ DATE _____

737.05 APPLICANTS CONVICTED OF CERTAIN OFFENSES – NO LICENSE SHALL BE GRANTED TO APPLICANTS WHO HAVE BEEN FOUND GUILTY OF THE SECOND OFFENSE OF ILLEGAL DUMPING OF LITTER OR REFUSE WITHIN A TWELVE-MONTH PERIOD, WITHOUT THE APPLICANT FIRST PAYING THE SUM OF TWO HUNDRED FIFTY DOLLARS (\$250.00) FOR A PROVISIONAL LICENSE SUBJECT TO QUARTERLY REVIEW FOR A ONE-YEAR PERIOD.

VEHICLE INFORMATION

VEHICLE MAKE / MODEL: _____ LICENSE PLATE NUMBER: _____

NAME OF INSURER: _____

LIABILITY AMOUNT: _____ EXPIRATION: _____

(ATTACH PHOTOCOPY OF PROOF OF INSURANCE)