

CITY OF GRAND FORKS
APPLICATION FOR TAXICAB VEHICLE DRIVERS LICENSE
 255 N. 4th St. Grand Forks, ND 58203 • (701) 746-2620

License #:
 (Office Use Only)

SECTION 1

APPLICANT INFORMATION

Type of Taxicab Vehicle Drivers License Requested:

Original License Issue Existing License Renewal

Are you a legal resident of the United States?

Yes No

Name of Applicant

Name and Address of Business Applicant Will Be Driving For:

Applicant's Current Mailing Address:

Applicant's Telephone Number:

City, State, Zip:

Applicant's Email:

Alias / Maiden Name

Date of Birth

Social Security Number

Place of Birth:

Hair Color:

Eye Color:

Complexion

Sex:

Height:

Weight:

Current Driver's License:

Driver's License State

Driver's License #

License Class:

Driver's License Expiration Date

States Within Which Applicant Had a Driver's License Within the Past Five (5) Years:

Driver's License State

Driver's License #

License Class:

Driver's License Expiration Date

Driver's License State

Driver's License #

License Class:

Driver's License Expiration Date

Driver's License State

Driver's License #

License Class:

Driver's License Expiration Date

Previous Addresses Last Five (5) Years

Street Address, City, State, Zip:

Street Address, City, State, Zip:

SECTION 2

Background

1. Have you been employed as a Taxicab operator prior to this application?

Yes No If Yes, complete the following. Attach additional sheets if necessary.

Name of Business	Business Street Address – City, State, Zip
Name of Business	Business Street Address – City, State, Zip
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Name of Business	Business Street Address – City, State, Zip

2. Have you been arrested, charged, or convicted of any criminal violations within the past five (5) years?

Yes No If Yes, provide information requested below. Attach additional sheets if necessary.

Date	Violation	Court	Disposition

4. Have you received ANY traffic citations in the past five (5) years?

Yes No If Yes, provide information requested below. Attach additional sheets if necessary.

Date	Violation	Court	Disposition

The applicant appearing herein acknowledges use of an issued Taxicab Vehicle Driver's License must be in accordance with applicable provisions of Grand Forks Ordinances Chapter XXI, Article 3. Failure to comply or maintain compliance with the aforementioned ordinances may be grounds for revocation of the issued Taxicab Vehicle Driver's License in accordance with Grand Forks Ordinance 21-0322.

The applicant agrees that should any of the information contained in this application change within the period of the license, if granted, that applicant will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. Applicant also agrees that should there be a change in employment immediate notification will be made to the city officials.

The applicant understands that request for this Taxicab Vehicle Driver's License requires completion of a police records check and background review. The applicant agrees that misrepresentation, false statement, or omission in this application shall be grounds for rejection of said application and for revocation or suspension of any license previously granted.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC

CITY OF GRAND FORKS
255 N. 4th St., Grand Forks, ND 58203 •(701) 746-2620

AUTHORIZATION FOR RELEASE OF INFORMATION

RE: Name: _____
DOB: _____
SSN: _____

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Grand Forks Police Department, whether said records are of public, private or confidential nature.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for application. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. I further release the City of Grand Forks from any and all liability, which may be incurred as a result of collecting such information.

I hereby swear/affirm that all information in or supplementing this application is complete, true and accurate to the best of my knowledge. I understand that providing false, misleading or incomplete information on this application is grounds for revocation if discovered subsequent to licensing.

A photocopy of this release form will be valid as an original.

Dated: _____

Signature of Applicant

**TAXICAB VEHICLE DRIVER'S LICENSE APPLICATION FEES
(NON-REFUNDABLE)**

TAXICAB VEHICLE DRIVER'S LICENSE INITIAL APPLICATION FEE: \$20.00

TAXICAB VEHICLE DRIVER'S LICENSE INITIAL FEE: \$35.00

TAXICAB VEHICLE DRIVER'S LICENSE RENEWAL FEE: \$35.00