

**CITY OF MOSCOW
TAXICAB OPERATOR LICENSE – NEW APPLICATION**

APPLICATION FEE: \$60.00



Name _____
LAST FIRST MIDDLE (MAIDEN)

Permanent Address _____
STREET CITY STATE ZIP

Current Address _____
STREET CITY STATE ZIP

Email Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security #: _____

EMPLOYMENT INFORMATION

Name of Taxicab Company: _____

Have you ever, anywhere or at any time, been found guilty of, plead guilty to, received a withheld judgment, admitted to, or had involvement with/in any crime or circumstance listed in Moscow City Code Section 9-5-14?

YES NO

If any of the above events occurred, you must answer "YES" regardless of subsequent court action resulting in dismissal or expungement. Explain each event fully. Use supplemental paper if necessary.

DATE OF EVENT	PLACE OF EVENT	OFFENSE	RESULT

Has your driver's license ever been suspended or revoked for any period of time? YES NO

If yes, when, where, and for how long? _____

THE CITY OF MOSCOW REQUIRES:

1. A processing fee sixty dollars (\$60) with this Application which includes the background check and fingerprinting charges. Fee is nonrefundable.
2. A valid Driver's License to be shown and copied.

Fingerprints must be completed at the Moscow Police Department (118 East 4th St). Call 883-7054 for hours of fingerprinting.

**Driver's license number: _____ State of _____

**_____ I authorize the City of Moscow to run my driver's license number to check my driving history.
Please initial

(Continue to second page on the back of this sheet)

Incomplete applications, false statements, failure to disclose criminal records, or applications without the necessary attachments will be returned and may result in denial or revocation of the taxicab license.

READ CAREFULLY: I have read all of the above (including Moscow City Code Section 9-5-13 and Section 9-5-14) and declare under penalty of perjury that each and every statement made is true, correct, and complete. I understand that an investigation will be made on all information contained in this application and authorize the City to conduct such investigation.

Dated this _____ day of _____, 20_____.

Applicant's Signature

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

Notary Public in and for the State of Idaho
Residing at _____
My commission Expires _____

License to be mailed or picked up

Updated 8/22/2017 lmh