

**OFFICE OF THE TOWN CLERK
Scarborough, Maine
TAXICAB BUSINESS LICENSE APPLICATION
May 1 through April 30**

This space for office use only:

License Fee (\$125/cab) Total _____ No. of Vehicles _____ Cash _____ Credit _____ Check # _____ Date Received _____

Police Department:

Physical Inspection (attached) _____ Photograph (attached) _____ SBI Report (attached) _____
Meter Inspection (attached) _____ Fingerprints (attached) _____

Applicant Information:

1. _____
Last Name First Middle Date of Birth

2. _____
Home Physical Address (*P.O. Box also, if applicable*) City/Town State Zip

Home Telephone _____

3. Do you have any physical incapacity which would prevent the safe operation of a taxicab? (Please circle) Yes No
If yes, please list here _____

State of Health: (Please circle) Good Fair Poor

4. Have you lived in any other state in the past five years? (Please circle) Yes No If yes, please list:

State/Year State/Year State/Year State/Year State/Year

5. Is your State of Maine driver's license currently under suspension? (Please circle) Yes No

If yes, state reason _____

6. Have you at least one year of driving experience? (Please circle) Yes No

7. Has your State of Maine driver's license been revoked at any time during the past three years?

(Please circle) Yes No If yes, state reason _____

8. Have you ever been convicted of any of the following:

(a) Operating under the influence of either drugs or alcohol within the previous six-year period?

(Please circle) Yes No

(b) A Class A, B, or C crime and any sexual offense of any class as set forth in Chapter 11 of Title 17-A of M.R.S.A., within the previous six-year period?

(Please circle) Yes No

(c) Any crime of any class that involves threatening or violent behavior within a three-year period?

(Please circle) Yes No

(d) More than two (2) motor vehicle violations within the past 18 months; more than four (4) motor vehicle violations within the past 36 months?

(Please circle) Yes No

If you answered yes to any of the above, please list below (use separate sheet of paper for any additional information):

Year	Offense	Place	Disposition

Year	Offense	Place	Disposition

Business Information:

1. _____
Taxicab Company Name

2. _____
Taxicab Company *Physical Address* City/Town State Zip

3. _____
Mailing Address (if different) Business Telephone

(Please turn over and complete back of application.)

