OFFICE OF THE TOWN CLERK Scarborough, Maine

TAXICAB BUSINESS LICENSE APPLICATION

May 1 through April 30

of Vehicles Cash Credit Che	ck # Date Received
	_
	Report (attached)
mgerprints (attached)	
Middle	Date of Birth
cable) City/Town	State Zip
would prevent the safe operation of a t	taxicab? (Please circle) Yes No
Good Fair Poor	
five years? (Please circle) Yes	No If yes, please list:
G N.	G
tly under suspension? (Please circle)	Yes No
ence? (Please circle) Yes No	
n revoked at any time during the past on	
Collowing:	
er drugs or alcohol within the previou	us six-year period?
xual offense of any class as set forth i	n Chapter 11 of Title 17-A of
ear period?	C
•	
threatening or violent behavior within	n a three-year period?
lations within the past 18 months; mo.?	re than four (4) motor vehicle
nlease list helow (use caparate sheet of pa	mer for any additional information):
prease list below (use separate sheet of pa	iper for any additional information).
Place Dispos	sition
Place Dispos	sition
City/Town	State Zip
	Middle Middle City/Town Middle City/Town Middle Cood Fair Poor Cive years? (Please circle) Yes Ince? (Please circle) Yes Non revoked at any time during the past nollowing: er drugs or alcohol within the previous cual offense of any class as set forth it ar period? Cood Fair Poor Cive years? (Please circle) Yes Non revoked at any time during the past nollowing: er drugs or alcohol within the previous cual offense of any class as set forth it ar period? Cood Fair Poor Cive years? (Please circle) Yes Non revoked at any time during the past nollowing: er drugs or alcohol within the previous cual offense of any class as set forth it ar period? Cood Fair Poor Cive years? (Please circle) Yes Non revoked at any time during the past nollowing: er drugs or alcohol within the previous cual offense of any class as set forth it ar period? Cood Fair Poor Cive years? (Please circle) Yes Non revoked at any time during the past nollowing: er drugs or alcohol within the previous cual offense of any class as set forth it ar period? Cood Fair Poor Cive years? (Please circle) Yes Non revoked at any time during the past nollowing: er drugs or alcohol within the previous cual offense of any class as set forth it ar period? Cood Fair Poor Cive years? (Please circle) Yes Non revoked at any time during the past nollowing: Coordinate Year State/Year Stat

The follov	ving must be submitted with this application:	
	Fee.	
	Valid State of Maine driver's license.	
	Registration of vehicle/s.	
4.	Liability insurance for a term at least equal to the period of the no less than the minimums required under 29 M.R.S.A., Secrequiring written notice to the Town Clerk no less than 30 days.	ction 2708(a), and with a policy endorsement s prior to cancellation or non-renewal. Written
5.	evidence of such coverage shall be submitted with the application Supplementary Questionnaire for Corporate Applicants form (i	
_	partment Form (to be submitted before Town Council meetin	
	Photograph/fingerprints from the Scarborough Police Departme	ent.
	SBI report. Inspection form for each vehicle <u>and</u> meter signed by Scarboro	ugh Police Department.
rior to th	ortant Information: Completed application must be submitted to Town Council meeting before 10:00 a.m. The Scarborous of every month except for July and August when the Council meeting to be a submitted application must be submitted application must be submitted to be a submitted application must be submitted application as a submitted application must be submitted application and application must be submitted application and application must be submitted application app	igh Town Council meets the first and third
	CERTIFICATION OF INFORMA	ATION
	Please read and sign. This must be signed in front	of a Notary Public.
mi	nereby certify that all statements made in this application are true isstatement or omission of material fact herein will result in reense if one has already been issued.	
his	addition, I hereby authorize the release of any criminal histostory record information to the Town Clerk's Office or licensin formation shall become public record, and I hereby waive any rig	g authority. I understand that this
	hereby acknowledge that I have read and understand the Town of Chapter 1004), and I agree to abide by the same.	of Scarborough Taxicab Ordinance
	Signature of Applicant	Date
	State of Maine Cumberland, ss.	
	Subscribed and sworn to before me this day of	, 200
	Notary Public	