

COMMONWEALTH OF MASSACHUSETTS  
City Of North Adams

FEES \_\_\_\_\_

To The Honorable City Council:

I, \_\_\_\_\_, hereby make application to be granted a  
Name  
**LICENSE TO DRIVE A TAXICAB FOR** \_\_\_\_\_

Height \_\_\_\_\_ ft \_\_\_\_\_ in Weight \_\_\_\_\_ lbs      Employer's name  
Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_ Gender \_\_\_\_\_ Citizen \_\_\_\_\_

I hold a Massachusetts Driver's # \_\_\_\_\_ and have held this license for how long \_\_\_\_\_.

My license has \_\_\_\_\_ has not \_\_\_\_\_ been suspended or revoked in Massachusetts or any other jurisdiction.

If yes explain \_\_\_\_\_

I have \_\_\_\_\_ have not \_\_\_\_\_ been convicted of a felony. If yes explain: \_\_\_\_\_

Are you currently on any medication that would hinder your driving ability yes \_\_\_\_\_, no \_\_\_\_\_.

Do you currently have any open criminal court cases, yes \_\_\_\_\_, no \_\_\_\_\_. Explain on page 2.

**I HEREBY CERTIFY THAT, IF GRANTED THIS LICENSE, I WILL STRICTLY CONFORM AND ADHERE TO THE LAWS OF THE COMMONWEALTH, THE ORDINANCES OF THE CITY AND SUCH RULES AND REGULATIONS AS THE CITY COUNCIL MAY ESTABLISH.**

I do solemnly, sincerely and truly affirm the foregoing application to be true to the best of my knowledge and belief and do so under the pains and penalties of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

**TO BE COMPLETED BY EMPLOYER**

**TO BE COMPLETED BY THE POLICE DEPT**

**THIS IS TO CERTIFY THAT:**

**THE ABOVE APPLICATION IS HEREBY**

**If granted a TAXI DRIVER'S LICENSE**

**APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_**

\_\_\_\_\_  
Name of applicant

**This \_\_\_\_\_ day of \_\_\_\_\_,**

**WILL DRIVE FOR ME.....**

\_\_\_\_\_  
**TAXI OPERATOR'S SIGNATURE**

\_\_\_\_\_  
**POLICE DEPARTMENT**

Criminal Cases: \_\_\_\_\_

**LIST ALL RESIDENCES FOR THE LAST FIVE (5) YEARS**

No.	Street	City/Town	State
1.			
2.			
3.			
4.			
5.			

Additional Sheet May Be Attached if Needed.

**LIST ALL EMPLOYERS FOR THE LAST FIVE (5) YEARS**

Company Name	Street	City/Town	State
1.			
2.			
3.			
4.			
5.			

Additional Sheet May be Attached if Needed.

\*\*\*\*\*

**I Certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.**

\_\_\_\_\_  
Signature of individual

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Social Security # or Federal Identification

This license will not be issued unless this certification clause is signed by the applicant.

Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met filing of taxes.