



DANIEL HARRIGAN, MAYOR

CITY OF AKRON  
TREASURY/LICENSE DIVISION  
166 S HIGH ST, ROOM 505  
AKRON OH 44308  
330-375-2484

TAXI DRIVER'S LICENSE APPLICATION

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

City State Zip \_\_\_\_\_

3. Phone \_\_\_\_\_ E-mail \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

5. Addresses where you have lived, past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been convicted of any felony? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Date of conviction \_\_\_\_\_ Offense \_\_\_\_\_ Disposition \_\_\_\_\_

7. State of Ohio Driver's License No \_\_\_\_\_ Expires \_\_\_\_\_

8. Has your Driver's License ever been suspended or revoked? \_\_\_\_\_ YES \_\_\_\_\_ NO

9. Have you ever been licensed as a Taxicab Driver before? \_\_\_\_\_ YES \_\_\_\_\_ NO  
City & State \_\_\_\_\_ License No. \_\_\_\_\_

10. Has a previous Taxicab Driver's License ever been denied, suspended or revoked?  
\_\_\_\_\_ YES \_\_\_\_\_ NO If so, where, when and for what reason:  
\_\_\_\_\_

11. Current Taxicab Company Employer \_\_\_\_\_

12. Places of Employment, past five years:

---

---

---

---

---

---

---

THE UNDERSIGNED STATE THAT ALL THE ABOVE INFORMATION IS TRUE. THE UNDERSIGNED ALSO ACKNOWLEDGES RECEIPT OF THE LICENSING ORDINANCE AND UNDERSTANDS THE PROVISIONS THEREIN. FALSIFICATION OF INFORMATION PROVIDED ON THIS APPLICATION IS GROUNDS FOR DENIAL OF THE ISSUANCE OF THE LICENSE.

\_\_\_\_\_  
Signature of Applicant Date

## CRIMINAL HISTORY VERIFICATION ACKNOWLEDGMENT

The undersigned hereby acknowledges that he/she is required by law to provide truthful responses to the City of Akron's request for the undersigned's criminal history. The undersigned further acknowledges that the City of Akron will perform a criminal history background search of the undersigned. Any information discovered in the criminal history background check may be used to bar the undersigned from obtaining a City of Akron Taxicab/Transportation Driver's License.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number