



Requirements on Page 3



Date _____

AFFIDAVIT OF APPLICANT FOR TAXICAB DRIVER'S LICENSE - RENEWAL FORM

Full Name _____
(First) (Middle) (Last)

Present Address _____
(Number & Street) (City) (State) (Zip Code)

Phone Number _____

Age _____ Height _____ Weight _____ Sex _____ Date of Birth ___/___/___

Driver's License # _____
(Address on license **MUST** match current address)

Have you been convicted of a Felony or Misdemeanor since your last taxicab renewal?

Yes _____ No _____ (If yes, specify date and circumstances) _____

Attached is a true and correct copy of my driving record from the past 10 years.

Signature _____

Attached is true and correct documentation concerning my criminal history or lack of criminal history for the past 20 years. Signature _____

Please list the Cab Company you're employed with: _____
(Please notify us with any employment changes)

I affirm, under the penalties for perjury, that the statements herein are true to the best of my knowledge and belief. I AM AWARE THAT ANY FALSE INFORMATION SHALL BE PENALIZED BY DENIAL OF THIS APPLICATION. Furthermore, I have read, understand, and agree to abide by Section 4-61 of the Municipal Code of the City of South Bend in the operation of taxicab service.

Signature

Date

Please list 4 City of **SOUTH BEND (NOT COUNTY)** Residents who have known you at least 5 years:

Name	Full Address	City, State, Zip	Telephone Number

NOTE: A records check will be performed by the South Bend Police Department. Failure to answer questions below completely and truthfully will be grounds for this application to be rejected.

Have you had experience in transporting passengers as a driver or chauffeur?

Yes _____ No _____ (If yes, specify company and length of employment) _____

Have you ever been convicted of a Felony within the last 20 years?

Yes _____ No _____ (If yes, specify date and circumstances) _____

Have you ever been convicted of a misdemeanor within the last 10 years?

Yes _____ No _____ (If yes, specify date and circumstances) _____

Attached is a true and correct copy of my driving record from the past 10 years.

Signature _____

Attached is true and correct documentation concerning my criminal history or lack of criminal history for the past 20 years. Signature _____

Please list the Cab Company you're applying for or employed with: _____

(Please notify us with any employment changes)

I affirm, under the penalties for perjury, that the statements herein are true to the best of my knowledge and belief. I AM AWARE THAT ANY FALSE INFORMATION SHALL BE PENALIZED BY DENIAL OF THIS APPLICATION. Furthermore, I have read, understand, and agree to abide by Section 4-61 of the Municipal Code of the City of South Bend in the operation of taxicab service.

Signature

Date

PLEASE NOTE:

Applicants must supply a certificate from a licensed physician certifying that the applicant does not suffer such disease or infirmity which may make him/her an unsafe or unsatisfactory driver. All applicants shall furnish (2) passport size photograph of him/her to the Department of Community Investment who shall affix that photograph to the license. This license shall be posted in full view of all passengers in the taxicab. All applicants must have a valid Indiana Public Passenger Chauffeurs License or a For-Hire Endorsement.



Taxi Cab Drivers

License Requirements

City of South Bend
Department of Community Investment
227 W. Jefferson Blvd. Suite 1400 S.
South Bend, IN 46601
Phone: 574-235-5912
Fax: 574-235-9021

PLEASE NOTE:

1. It is illegal to drive a cab until you are licensed with the City of South Bend. If you are caught driving, the Taxi Company and Taxi Driver will be fined and their license will be suspended.
2. If you have a **Felony Charge** within the past 20 years, or a **Misdemeanor** within the past 10 years, you are not eligible for a Taxi License in the City of South Bend.
3. All taxi licenses expire **October 1st** and must be renewed yearly.
4. You can obtain a copy of the ordinance on the City of South Bend's Website: southbendin.gov

1ST: These requirements **MUST** be turned in with your **completed application to THE TAXI COMPANY YOU ARE GOING TO WORK FOR. (NOTE: Applications can take up to 60 days to review):**

1. **\$5.00 EXACT CASH** for your Application Fee - No checks or credit cards.
2. A **DRIVING RECORD** from **EACH state that you lived in for the past 10 Years.**
(for Indiana you can go to: myweb.in.gov/BMV/mybmvportal)
3. A **20 YEAR CRIMINAL HISTORY** from each of these:
 - ***South Bend Police Department**
 - ***St. Joseph County Jail**
 - ***Mishawaka Police Department**
 - ***AND any other Jurisdiction or Country you have lived going back 20 years.**
 - *** **(IF YOU ARE FROM ANOTHER COUNTRY YOU MUST OBTAIN A HISTORY FROM THERE ALSO OR YOU WILL BE DENIED)**
4. Must possess a **PUBLIC PASSENGER CHAUFFEUR'S LICENSE or CDL LICENSE with PPC Endorsement, or a For-Hire Endorsement** to drive a taxi cab.
5. **Statement** from a **licensed physician** certifying that, in the physician's opinion, you are not suffering from any disease or infirmity which may make you an unsafe or unsatisfactory driver.
6. Test results from a **10 PANEL drug test.**
7. **Two (2) PASSPORT SIZE PICTURES.**

2nd: After you're approved, you will need to bring **TO OUR OFFICE:**

1. **\$16.00 EXACT CASH** - No checks or credit cards.