

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:

New 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 (1) passport size photograph of him/her to Central Services 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.