



City of  
**Coquille**  
POLICE  
In Partnership With The Community

Janice Blue  
Chief of Police

CITY OF COQUILLE POLICE DEPARTMENT

TAXI OPERATOR'S LICENSE/ TAXI DRIVER'S LICENSE APPLICATION  
(Circle one)

.....A police background investigation is required.

.....Permits are valid for the year in which they are issued, expiring December 31<sup>st</sup> of the year issued, and are subject upon expiration to new application process.

This application must be TYPEWRITTEN or PRINTED CLEARLY IN INK. All questions must be answered completely and accurately. All statements in this application are subject to verification. If space provided is inadequate, add as many supplemental sheets as needed.

This application is:

New  Renewal  
 Operator  Driver

FOR OFFICE USE ONLY: Permit # \_\_\_\_\_

Permit Issued \_\_\_\_\_ Permit Denied \_\_\_\_\_  
Date \_\_\_\_\_

PERSONAL HISTORY

Name in Full (Last, First, Middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Social Security # \_\_\_\_\_ Oregon Driver's License# \_\_\_\_\_

Home Address (Street, City, State, Zip Code): \_\_\_\_\_ Mailing Address (If Different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell/Work Phone # \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Color Eyes \_\_\_\_\_ Color Hair \_\_\_\_\_

Scars/Distinguishing Marks \_\_\_\_\_

List all other names you have used, including nicknames. If female, furnish maiden name. If you have ever legally changed your name, give date, place, and court.

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

U.S. Citizen:  Yes  By Birth Place of Birth \_\_\_\_\_

No  Naturalized Place of Naturalization \_\_\_\_\_

Naturalization Certificate# \_\_\_\_\_

BUSINESS INFORMATION

Trade Name of Business: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

OPERATOR'S LICENSE PORTION

If operating as a corporation, limited partnership or association to conduct business under the laws of The State of Oregon attach a copy of said state issued documents.

Yes, attached \_\_\_\_\_ Not Applicable \_\_\_\_\_

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

Post Office Address of Applicant \_\_\_\_\_

(If a partnership, or joint venture, include names and addresses of parties thereto)

VEHICLE

For each vehicle provide:

Year \_\_\_\_\_

Model \_\_\_\_\_

Serial /VIN# \_\_\_\_\_

License Plate# \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Class of Vehicle \_\_\_\_\_

Passenger Carrying Capacity \_\_\_\_\_

Provide Evidence of Insurance Policy# \_\_\_\_\_

For each vehicle provide:

Year \_\_\_\_\_

Model \_\_\_\_\_

Serial /VIN# \_\_\_\_\_

License Plate# \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Class of Vehicle \_\_\_\_\_

Passenger Carrying Capacity \_\_\_\_\_

Provide Evidence of Insurance Policy# \_\_\_\_\_

Provide References as to character, reputation as a law abiding citizen and of financial responsibility.

RESIDENCES

List all residences for the past 10 years, beginning with the most recent address. Include addresses while attending school and during military service.

Year From To	Street Address, Apt. #	City, State

EMPLOYMENT HISTORY

List all occupations for the past 5 years, beginning with the most recent.

Year From To	Position	Employer	Address( Include City, State, Zip)

ARREST, DETENTION, LITIGATION

Have you ever been arrested by a law enforcement agency? \_\_\_\_\_

Have you ever been fingerprinted for any reason(arrest, job applicant, etc.)? \_\_\_\_\_

If the answer to any of the above questions is yes, list below the date, place, charge, disposition, and full details of each incident. Include all arrests and citations.

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CERTIFICATE OF APPLICANT

I, the undersigned, hereby give my consent to the Coquille Police Department to conduct a background investigation for the purpose of determining my qualifications to be granted a taxicab driver's permit. I do further authorize the release to the Coquille City Manager of all information pertaining to, but not limited to, my military record, driving record, police record, or prior employment record. I do certify that all statements made herein are true with the understanding that omissions of fact or misstatements on my part shall cause forfeiture of all eligibility to a license or permit.

I certify that I have read, understand and will fully comply with all provisions of City of Coquille Ordinances No. 5.28.010 thru 5.28.120, entitled "TAXICABS."

Signature \_\_\_\_\_

Date \_\_\_\_\_