



City of Rochester, New Hampshire

DEPARTMENT OF CODE ENFORCEMENT
31 Wakefield Street • Rochester, NH 03867
(603) 332-3508 • Fax (603) 332-8601

TAXICAB DRIVER

LICENSE APPLICATION

Nontransferable

NAME OF APPLICANT: _____ TELEPHONE #: _____

LEGAL ADDRESS: _____

DRIVER LICENSE TYPE: _____ DRIVER LICENSE NUMBER: _____

Have you ever been convicted of a criminal offense which has not been annulled? _____

If so, what for: _____

The issuance of a Taxi Driver License is contingent upon a satisfactory criminal records check by Rochester Police Department as well as compliance with Chapter 66 of the City of Rochester's General Ordinances.

Applicant's signature: _____ Date: _____

NAME OF TAXICAB COMPANY: _____ TELEPHONE #: _____

BUSINESS LOCATION: _____

Signature of Taxicab Company Owner

THE FOLLOWING TO BE SUBMITTED AT TIME OF APPLICATION

- (a) License fee; \$10.00
- (b) One photo copy of State of N.H. driver's license.
- (c) Suitable 2" X 2" color photograph.
- (d) ~~Griminal Conviction Record report.~~

OFFICIAL USE ONLY

APPROVAL BY CHIEF OF POLICE

I, hereby certify that the above applicant has met all rules and regulations as required in accordance with Chapter 66 of the City of Rochester's General Ordinances.

APPROVED _____ NOT APPROVED _____
Date Date

Chief of Police

Code Enforcement Officer _____ Permit Number _____ Date of issue _____
Date of Expiration _____

RELEASE OF INFORMATION AUTHORIZATION

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

This is to certify that I am applying for a license/permit from the City of Rochester, New Hampshire.

In connection with this application, I hereby authorize the Rochester Police Department to release information including but not limited to Criminal Records and/or Motor Vehicle Record check for the purpose of this application. The results to be forwarded to the Chief of Police or his designee, for review and disposition. This information will be kept in strictest confidence, and no other agency will have access to same without written permission from me.

I understand that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any liability arising out of or resulting from the release of this information.

I am willing that a photostat of this authorization be accepted with the same authority as the original.

APPLICANT SIGNATURE: _____

DATE: _____

WITNESSED BY: _____

DATE: _____

Applicant Note:

You may refuse to sign this authorization, however all processes related to any application you are filing shall shall cease and be void without release being signed.

INSTRUCTIONS FOR TAXICAB DRIVER APPLICATION

- 1.) Fill out all forms (front & back)
 - 2.) Criminal Records Release Authorization Form to be notarized (Notary located in the City Clerk's Office)
 - 3.) Driver license application with license fee of \$10.00, photo copy of State of NH driver's license and a suitable 2x2 color photograph submitted to the Code Enforcement Office
 - 4.) Criminal Records Release Authorization Form to be signed by the Director of Code Enforcement.
 - 5.) Applicant to either mail (with \$15.00 fee) or hand deliver Criminal Record Release Form to Concord.
 - 6.) Criminal Records Release Authorization Form results received by the Rochester Code Enforcement Department (seventy two[72] hour time limit begins)

 - 7.) Application and results sent to the Rochester Police Department for approval by the Chief of Police.
 - 8.) Chief of Police approves or denies application.
Application is sent back to the Code Enforcement Department.
If approved the Code Enforcement Department issues the drivers license.
- * Please follow items 1-5 completely to ensure prompt processing of application.**