



City of Rochester, New Hampshire

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

TAXICAB OPERATOR

PERMIT APPLICATION

Nontransferable

NAME OF APPLICANT: _____ TELEPHONE #: _____

LEGAL ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

Have you ever been convicted of a crime or misdemeanor?
If so, what for: _____

Applicant's signature: _____ Date: _____

NAME OF BUSINESS: _____ TELEPHONE #: _____

BUSINESS LOCATION: _____

MAILING ADDRESS: _____

Insurance Certificate Filed: _____

NOTE: No permit will be issued until applicant has provided the Code Enforcement Officer with proper certification of insurance coverage.

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

APPROVAL BY CITY LICENSING BOARD

Date of issue _____
Date of Expiration _____
Permit Number _____

City Manager

Police Chief

Fire Chief

Code Enforcement Officer

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.