City of Houghton Police Department
Application for Taxicab Driver's Permit

The undersigned hereby makes application for a Taxicab Driver's Permit under Chapter 94 of the Code of Ordinances of the City of Houghton, Michigan, and for the purpose of obtaining such permit make the following statements:

Full Legal Name: (Last) (First) (Middle)

Address:			City:		
Daytime Phone:			Email Address:		
Date of Birth:	Height:	Weight:	Sex:	Eye Color:	Hair Color:
Chauffeur License No: _ - _ _ _ - _ _ _ - _ _ _ -_ _ _			Expiration Date: _ _ - _ _ - _ _ _ _		

I have a current valid Michigan Operator License with a Chauffeur's endorsement:	True_____ False_____
I am able to read, write and speak the English language:	True_____ False_____
I have no more than 6 current points for moving violations in accordance with the Michigan Motor Vehicle Code:	True_____ False_____
I have not, within the past 2 years been convicted of a violation or attempted violation of MCL 257.625 or MCL 257.625m of the Michigan vehicle code, MCL 257.1, et seq., or a violation or attempted violation of a local ordinance or law of another state substantially corresponding to MCL 257.625 or MCL 257.625m (commonly referred to as Drunk Driving):	True_____ False_____
I have not, within the past 5 years, been convicted of a felony involving force or violence or of criminal sexual conduct, for which the maximum penalty is two years or more:	True_____ False_____
I have not been convicted of a crime that would call into question my ability to operate a taxi cab in a fair, honest, and open manner.	True_____ False_____
I do not have any outstanding warrants:	True_____ False_____
I do not have a physical or mental impairment that would make it unsafe to operate a taxicab:	True_____ False_____
I have two identical passport quality photographs, a copy of my Criminal Record Response issued and certified by the Michigan State Police, and a copy of my complete or edited driving record issued by the Michigan Department of State Record Lookup Unit (ICHAT- https://apps.michigan.gov/ICHAT/Home.aspx) no later than 28 days before this application is presented to the City of Houghton Police Department.	True_____ False_____

<u>Company</u> **for whom you will drive:**

Signature of Applicant: Date:

DO NOT WRITE BELOW – FOR POLICE AND CITY CLERK USE ONLY

The person described in the foregoing application has been investigated and is hereby approved to receive a TAXICAB DRIVER'S PERMIT.

Chief of Police: License Number: Date:

City Clerk: Date:
Date Issued: Taxicab Permit Expiration Date: