



# POCATELLO TAXICAB BUSINESS LICENSE APPLICATION



\*\*\*\*\* USING BLUE OR BLACK INK, COMPLETE EACH SECTION. \*\*\*\*\*  
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

NAME OF OWNER, MANAGER OR REPRESENTATIVE OF LOCAL BUSINESS:

Last	First	Middle Name	(Maiden & Former Names)
------	-------	-------------	-------------------------

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED OR DETAINED BY A LAW ENFORCEMENT AGENCY? \_\_\_\_\_  
IF THE ANSWER TO THIS QUESTION IS YES, LIST ALL DATES AND PLACES:

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

LIST WHERE YOU HAVE LIVED FOR THE PAST TEN YEARS, ONE LINE PER CITY, BEGIN WITH YOUR CURRENT CITY: (not needed for renewals)

YEARS (example 2002-2012)	CITY	STATE	ZIP CODE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE COMPLETE BOTH SIDES OF THE APPLICATION

IS BUSINESS A BRANCH OF A COMPANY CONTROLLED FROM A CENTRAL OR HOME OFFICE LOCATED IN ANOTHER CITY? \_\_\_\_\_ IF YES, LIST ADDRESS: \_\_\_\_\_

NAME OF OWNER, OR IF BUSINESS IS A FIRM OR PARTNERSHIP, LIST FULL NAMES AND ADDRESSES OF PERSONS HAVING A FINANCIAL INTEREST:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**YOU MUST ATTACH A COPY OF CURRENT VEHICLE REGISTRATION FOR EACH VEHICLE USED FOR THE TAXI BUSINESS.**

**YOU MUST ATTACH COPY OF PROOF OF CURRENT LIABILITY INSURANCE FOR EACH VEHICLE USED FOR THE TAXI BUSINESS.**

*I HEREBY CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS OF THE FOREGOING STATEMENTS OR ANSWERS. EACH AND ALL OF THE STATEMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I FURTHER AGREE AND CONSENT IN ADVANCE TO HAVING MY LICENSE REVOKED WITHOUT CAUSE OR HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESTATION OR FALSIFICAITON OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED*

*I HAVE REVIEWED AND UNDERSTAND THE CITY ORDINANCE 5:56 AND AGREE TO ADHERE TO THE RULES AND REGULATIONS SET FORTH IN THAT CHAPTER AS WELL AS ALL OTHER APPLICABLE LAWS.*

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE NOTE THAT BUSINESS OWNER MUST COMPLETE AN INDIVIDUAL LICENSE APPLICATION AND ATTACH TO BUSINESS LICENSE**

**\*\*\* NO REFUNDS AFTER SUBMISSION OF THIS APPLICATION \*\*\***

**\*\*\*\*\* CITY USE ONLY BELOW\*\*\*\*\***

RECORDS CHECK COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Local: Yes No Attached ISTARs: Yes No Attached

IHOT: Yes No NCIC: Yes No D.L. Valid: Yes No

*New applicants only:* Return from BCI-Fingerprints: \_\_\_\_\_

RECOMMENDATION TO MAYOR /COUNCIL: \_\_\_\_\_ APPROVE \_\_\_\_\_ DISAPPROVE

SIGNATURE OF POLICE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF CLERK: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSE # BL (Business): \_\_\_\_\_ LICENSE # PL (Business): \_\_\_\_\_

LICENSE # BL (Individual): \_\_\_\_\_ LICENSE # BL (Individual): \_\_\_\_\_

*Community Commitment*  
Scott L. Marchand, Chief of Police

---

911 North 7<sup>th</sup> Avenue • P.O. Box 2877 • Pocatello, ID 83206-2877 • (208) 234-6113 • Fax (208) 234-6290  
[www.pocatello.us/police](http://www.pocatello.us/police)

**AUTHORITY TO RELEASE INFORMATION**

**TO WHOM IT MAY CONCERN:**

I hereby authorize any officer or other authorized representative of the Pocatello, Idaho Police Department bearing this release, or a copy thereof, within one year of its date, to conduct a fingerprint-based, nationwide criminal history background check and obtain any information regarding criminal history and driving record. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Pocatello Police Department in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social Security account number on a voluntary basis with the understanding such is not required by Federal Statute or regulation. I have been advised that the disclosure of my Social Security account number is necessary in order to facilitate the criminal history background check and driving record which relate to me. Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME: \_\_\_\_\_  
*(Include maiden name and former names if applicable.)*

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_



***PLEASE NOTE THAT EACH BUSINESS OWNER MUST  
COMPLETE AN INDIVIDUAL TAXI LICENSE  
APPLICATION. THERE IS NO ADDITIONAL CHARGE.***





# POCATELLO TAXICAB DRIVER LICENSE APPLICATION



\*\*\*\* USING BLUE OR BLACK INK, COMPLETE EACH SECTION. \*\*\*\*

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

NAME: \_\_\_\_\_  
Last
First
Middle Name
(Maiden & Former Names)

YOUR PHYSICAL HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
City
State
Zip
Phone & Cell Phone

YOUR EMAIL ADDRESS: \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_

LIST WHERE YOU HAVE LIVED FOR THE **PAST TEN YEARS**, ONE LINE PER CITY, BEGIN WITH YOUR CURRENT CITY: (not needed for renewals)

YEARS (example 2002-2012)	CITY	STATE	ZIP CODE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

CITY AND STATE OF YOUR BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ RACE: \_\_\_\_\_

HAVE YOU BEEN LICENSED AS A TAXI DRIVER IN ANOTHER JURISDICTION? \_\_\_\_\_

IF YES, WHERE & PROVIDE NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ CLASS: \_\_\_\_\_

(To be completed by PPD: DL expiration: \_\_\_\_\_ 10-27 check by: \_\_\_\_\_ )

HAVE YOU BEEN LICENSED TO DRIVE IN ANOTHER STATE(S)? \_\_\_\_\_ STATE(S) \_\_\_\_\_

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED, REVOKED OR DENIED? \_\_\_\_\_

LIST DETAILS: \_\_\_\_\_

\_\_\_\_\_

DO YOU WEAR CORRECTIVE LENSES? \_\_\_\_\_

SINCE YOU WERE LAST ISSUED YOUR DRIVER'S LICENSE, HAVE YOU BEEN DIAGNOSED WITH EPILEPSY, VERTIGO OR HEART PROBLEMS? \_\_\_\_\_

IF YES, GIVE DETAILS: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY TO, OR ADMITTED TO ANY VIOLATION OF CRIMINAL LAW OR HAD A WITHHELD JUDGEMENT FOR ANY CRIME COMMITTED: \_\_\_\_\_

IF YES, PROVIDE DATE, VIOLATIONS, AND LOCATION OF OFFENSE BELOW. USE A SEPARATE SHEET, IF NECESSARY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***I HEREBY CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS OF THE FOREGOING STATEMENTS OR ANSWERS. EACH AND ALL OF THE STATEMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I FURTHER AGREE AND CONSENT IN ADVANCE TO HAVING MY LICENSE REVOKED WITHOUT CAUSE OR HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESENTATION OR FALSIFICATION OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED***

***I HAVE REVIEWED AND UNDERSTAND THE CITY ORDINANCE 5:56 AND AGREE TO ADHERE TO THE RULES AND REGULATIONS SET FORTH IN THAT CHAPTER AS WELL AS ALL OTHER APPLICABLE LAWS.***

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\* NO REFUNDS AFTER SUBMISSION OF THIS APPLICATION \*\*\***

**\*\*\*\*\* CITY USE ONLY BELOW\*\*\*\*\***

RECORDS CHECK COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Local: Yes No Attached ISTARs: Yes No Attached

IHOT: Yes No NCIC: Yes No D.L. Valid: Yes No

*New applicants only:* Return from BCI-Fingerprints: \_\_\_\_\_

RECOMMENDATION TO MAYOR /COUNCIL: \_\_\_\_\_ APPROVE \_\_\_\_\_ DISAPPROVE

SIGNATURE OF POLICE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF CLERK: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSE # BL: \_\_\_\_\_

LICENSE # PL: \_\_\_\_\_



# POCATELLO POLICE DEPARTMENT

*Community Commitment*

Scott L. Marchand, Chief of Police

---

911 North 7<sup>th</sup> Avenue • P.O. Box 2877 • Pocatello, ID 83206-2877 • (208) 234-6113 • Fax (208) 234-6290  
[www.pocatello.us/police](http://www.pocatello.us/police)

## AUTHORITY TO RELEASE INFORMATION

### TO WHOM IT MAY CONCERN:

I hereby authorize any officer or other authorized representative of the Pocatello, Idaho Police Department bearing this release, or a copy thereof, within one year of its date, to conduct a fingerprint-based, nationwide criminal history background check and obtain any information regarding criminal history and driving record. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Pocatello Police Department in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social Security account number on a voluntary basis with the understanding such is not required by Federal Statute or regulation. I have been advised that the disclosure of my Social Security account number is necessary in order to facilitate the criminal history background check and driving record which relate to me. Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME: \_\_\_\_\_  
*(Include maiden name and former names if applicable.)*

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_