

Return To: City of Concord
Code Administration
Health Services
37 Green St
Concord, NH 03301



Permit #: _____
Check #: _____
Fee \$75.00
Make checks payable to
CITY OF CONCORD
Allow **seven (7)** days for
processing

Application for Taxi Operator's License

Applicant Information	
Name: _____	Phone: _____
Address: _____	
Street Address _____	Unit # _____
City _____	State _____ ZIP Code _____
Name of Taxi Co. _____	
Date of Birth _____	Total years of driving experience: _____
Gender: _____	Height: _____ Weight: _____ Hair Color: _____
Eye Color _____	Identifying Marks: _____
<u>Any record</u> of motor vehicle violation in this or any other state? YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever been denied a taxicab license in this city or any other city? YES <input type="checkbox"/> NO <input type="checkbox"/>
Including: speeding, parking, stop sign, etc.	
Have you ever been arrested for or convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/>	NO <input type="checkbox"/>
Driver's License #: _____	
Expiration Date: _____	State: _____

Office Use Only	
Police Department Approval YES <input type="checkbox"/> NO <input type="checkbox"/>	
Signature: _____	Date: _____
Date: _____	
Date: _____	

Additional Documents	
Originals of NH Driving Record and Criminal Record . Each of these records must be stamped by the State of NH within 30 days of submittal of this application	YES <input type="checkbox"/> NO <input type="checkbox"/>
Color copy of valid New Hampshire Driver's License	YES <input type="checkbox"/> NO <input type="checkbox"/>

FALSIFYING INFORMATION ON THIS APPLICATION IS A CRIME AND MAY RESULT IN ARREST, PROSECUTION, AND IMMEDIATE DENIAL OF A LICENSE. SHOULD THE LICENSE BE DENIED, THE APPLICANT IS ENTITLED TO A FULL REFUND PER ARTICLE 15-10-5(d).

License Expires on October 1st of Each Year

Disclaimer and Signature	
<i>I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.</i>	
Signature: _____	Date: _____
Approved: _____	Date: _____
Health & Licensing Officer	

ALL LICENSES ISSUED WILL IMMEDIATELY TERMINATE UPON THE SUSPENSION OR REVOCATION OF STATE OF NEW HAMPSHIRE DIRVER'S LICENSE