

ACCOUNT # _____

DATE: _____

TAXICAB DRIVER'S APPLICATION

CITY OF COVINGTON, KENTUCKY
FINANCE DEPARTMENT 859-292-2181
20 WEST PIKE STREET
COVINGTON, KY 41011
Office Hours: 8:00A.M.-4:30P.M.

All applicants for a taxicab driver's identification card in the City of Covington must complete this application and return it to the Finance Department, along with a \$40.00 application fee and a copy of his or her state-issued driver's license.

DRIVER'S INFORMATION:

Have you ever been licensed to drive a taxicab in the City of Covington? YES or NO
(PLEASE CIRCLE ONE)

Full Name: _____ Date of Birth: ____/____/____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ - _____ - _____ Social Security #: _____

Have you lived in any state other than Kentucky in the past three years? YES or NO
If yes, please list other states of residence here: _____

State Driver's License Number: _____ Date of Issue: _____
Expiration Date: _____

Please give a brief description of your experience in driving motor vehicles generally, and if applicable, your experience in driving taxicabs: _____

BUSINESS INFORMATION:

Cab company you will be driving for: _____
Name of owner of taxicab to be driven by applicant: _____
Business/Owner's Address: _____
Business/Owner's Phone #: _____

Taxicab sticker number: _____
(This number is on the permit sticker issued to the business/taxicab owner by the city. No license will be issued without a valid city sticker.)

I hereby certify that all information and statements contained herein are true and correct. I certify that I have read and understand the City of Covington's "Taxicab Ordinance," (§111.270-§111.292 and §111.999 (R) of the Covington Code of Ordinances) and that I am responsible for complying with all of its provisions.

APPLICANT'S SIGNATURE

NOTE: Taxi driver licenses can be obtained at the Covington Police Department located at 20th and Madison on Tuesdays & Fridays between 1:00P.M. and 3:00P.M. except holidays.