



Taxicab Rules and Procedures for Applicants

No person shall drive a taxicab other than the franchise owner without being in possession of a city taxicab driver's permit issued by the city recorder. Such permit shall cost five dollars (\$5.00) and shall be issued by the City Recorder only after the applicant's driving history has been thoroughly investigated and found to be in compliance with this chapter. Such permit shall be valid and in effect until suspended by the city recorder for violation of this division and shall be renewable every two (2) years. The actions of the city recorder shall be reviewed by the city council upon timely appeal by any interested party.

All applicants must produce affidavits of good character from two (2) reputable citizens of this city who have known applicant personally and have observed his conduct for at least two (2) years next preceding the date of this application.

Motor vehicle liability insurance coverage for each vehicle must include:

1. Minimum amount of \$25,000 for bodily injury to one person
2. \$50,000 for bodily injuries to two or more persons arising out of the same occurrence
3. \$10,000 for property damages arising out of each occurrence
4. Minimum vehicle liability insurance as allowed by the State of Tennessee pursuant to financial responsibility laws.



Taxicab Permit Application

Taxicab Company Name: _____

Taxicab Company Address: _____

Taxicab Company Telephone: _____

Applicant's Name: _____

Applicant's Address: _____

Date of Birth: _____ Home Phone#: _____

Driver's License # (Class F): _____ Expiration Date: _____

Are you addicted to the use of intoxicating liquor or drugs? Yes No

Have you be convicted of a felony within the past ten (10) years? Yes No

Have you been convicted of driving under the influence of an intoxicant or drug within the past five (5) years? Yes No

Have you been convicted of three (3) or more traffic violations within the past three (3) years? Yes No

I, _____, make oath in due form of law that the statements contained in my foregoing application are true to the best of my knowledge, information and belief.

Applicant's Signature

Sworn to and subscribed before me this the _____ day of _____, 20_____.

My Commission Expires: _____

Notary Public



Driving History for Taxicab

Name of Business: _____

Business Address: _____

Name of Applicant: _____ Date of Birth: _____ Sex: _____

Place of Birth: _____ Height: _____ Weight: _____ Eye Color: _____

Social Security #: _____ Driver's License #: _____

Residential Address: _____ Residential Phone #: _____

Previous Residential Address: _____

Previous Employment: _____

Previous Employment Address: _____

Have you ever been arrested? Yes No

If yes, please list dates of arrest, charges, location of arrest and disposition:

I verify that the foregoing statements are true and accurate to the best of my knowledge

Signature of Applicant

Date

Official Use Only

An investigation has been completed at the Gallatin Police Department

By: _____ Date: _____

Chief of Police: _____

Comments: _____