



THE CITY OF
OXFORD

CITY OF OXFORD, MISSISSIPPI

TAXI OWNER/DRIVER APPLICATION

HAND DELIVER TO:

City Clerk
107 Courthouse Square
Oxford, MS 38655
(662) 232-2350

OWNER: \$500.00

[See Section 5, Part 1]

NEW COMPANY NAME: _____

DRIVER: \$50.00

[See Section 5, Part 2]

COMPANY YOU WILL BE WORKING FOR: _____

NOTICE:

1. Application must be typed or clearly printed.
2. All questions must be answered. If a question is not applicable, please state.
3. Applications that are not complete and legible will not be considered.
4. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size and number the answers to correspond with the questions or fields.

Section 1: APPLICANT INFORMATION – Personal History

1. Name: _____
(Last) (First) (Middle Initial)

2. Social Security Number: _____

- List all other names you have used including nicknames and maiden names if female applicant. If you have ever used any surname other than your true name, during what period and under what circumstances were these names used?

3. Have you ever legally changed your name?

- No
 Yes

(Date) (Place) (Court)

4. Date of Birth: _____

Place of Birth: _____

Martial Status: _____

5. Driver's License Number: _____ State: _____

- Has your privilege to operate a motor vehicle ever been suspended or revoked?
- If yes, please explain fully on a separate piece of paper.

6. Ethnicity: Yes No

- American Indian African American Hispanic
- Asian Caucasian

6. Sex: Male Female

7. Are you a citizen of Mississippi? (Circle one) Yes No

- For how long? _____

8. Are you a citizen of the United States? (Circle one) Yes No

- For how long? _____

9. Physical Description:

Height: _____ Eye Color: _____ Weight: _____

Hair: _____ Scars/Marks/Tattoos: _____

Section 2: APPLICANT INFORMATION – Residencies

1. Present Physical Address: _____ / _____ / _____ / _____
(Street) (City) (State) (Zip Code)

2. Phone Numbers:

a. Home: _____

b. Work: _____

c. Mobile: _____

3. Mailing Address: _____ / _____ / _____ / _____
(Street) (City) (State) (Zip Code)

4. Email Address: _____

5. List all of your residencies for the past five (5) years in chronological order.

Dates	Apt. Number	Street Address	City	State

Section 3: APPLICANT INFORMATION – Employment

1. Name each employer for a period of not less than five (5) years. Include full and part time.

Current or Prior Employer	Address	Contact Name and Phone
		Name: Phone:
		Name: Phone:
		Name: Phone:
		Name: Phone:
		Name: Phone:
		Name: Phone:
		Name: Phone:

Section 4: APPLICANT INFORMATION – Court Record

1. In the space provided, please list any felony/misdemeanor arrest or conviction during the past fifteen (15) years.
2. List all traffic citations of any sort during the last ten (10) years.

Date	City and State	Charge	Disposition

Section 5: ATTACHMENTS

Please attach the following documents according to the type of permit (*Owner* or *Driver*) for which you are applying.

- **Part 1: Owner/Operator/Driver**
 1. The below statement signed by at least three (3) reputable citizens of the city that the applicant is:
 - a. 21 years old or older for taxi or low speed taxi; 18 years old or older for pedicab
 - b. An experienced driver of good moral character
 - c. Physically and mentally capable to drive and operate such a motor vehicle

I ATTEST THAT _____ IS THE CORRECT AGE,
(Name of Applicant)
IS AN EXPERIENCED DRIVER OF GOOD MORAL CHARACTER, AND IS PHYSICALLY AND
MENTALLY CAPABLE TO DRIVE AND OPERATE A MOTOR VEHICLE.

(Signature) (Printed Name) (Phone Number)

2. One (1) commercially made, glossy print photograph which is at least three and one-half (3 1/2) inches by five (5) inches in size, showing a full-face view of the applicant.
 3. In case of a person desiring to operate a taxicab business in the City of Oxford, a financial statement and concise statement of experience of the applicant in the operation of such business, and the number of vehicles of the applicant desires to operate.
 4. A statement setting forth the fact that the person or his employer has made application and obtained a permit from the Federal Communications Commission to operate a two-way radio system in the city.
 5. Application fee in the form of certified check or money order in the amount of five hundred dollars (\$500.00) for a business applying for approval. This fee is due at the time the application is submitted.
- **Part 2: Driver**
1. The below statement signed by at least three (3) reputable citizens of the city that the applicant is:
 - a. 21 years old or older for a taxi; 20 years old or older for a low speed taxi; or 18 years old or older for a pedicab
 - b. An experienced driver of good moral character
 - c. Physically and mentally capable to drive and operate such a motor vehicle

I ATTEST THAT _____ IS THE CORRECT AGE,
(Name of Applicant)
IS AN EXPERIENCED DRIVER OF GOOD MORAL CHARACTER, AND IS PHYSICALLY AND
MENTALLY CAPABLE TO DRIVE AND OPERATE A MOTOR VEHICLE.

(Signature) (Printed Name) (Phone Number)

2. One (1) commercially made, glossy print photograph which is at least three and one-half (3 1/2) inches by five (5) inches in size, showing a full-face view of the applicant.
3. Application fee in the form of certified check or money order in the amount of fifty dollars (\$50.00) for a each individual driver applying for approval. This fee is due once the application has been approved by the Board of Alderman.
4. Copy of Mississippi Driver's License with Class D certification for regular taxi or a valid state regular operator Driver's License for a low speed taxi or pedicab.