

# Saint Robert Missouri Taxi Operator's Permit Application

Application Date

Last Name  First Name  Middle Name

DOB  Place of Birth

SSN

Street

City  State  Zip

Sex  Race  Height

Eye Color  Hair Color  Weight

Scars Marks Or Tatoos

Home Phone #

Chauffer License Number  License State  License Expiration Date

Cab Company Name  Company Phone Number

Have you ever been convicted of a Felony?

Felony

Have you ever been convicted of an Alcohol related driving offense?

Alcohol Related Offense

If the answer to either of the above is "YES", Explain Below.

Explanation

I, \_\_\_\_\_, have read Saint Robert Ordinance 605, pertaining to Taxicabs, and fully understand its contents and that information provided above is true and correct.

Signature

Date