

NOVI CITY CLERK'S OFFICE 45175 W. TEN MILE ROAD NOVI, MI 48375 (248) 347-0456 Fax (248) 347-0577

## TAXICAB DRIVER PERMIT APPLICATION

Taxicab Driver applications are only accepted if the taxicab business which the driver plans to work for is licensed by the City of Novi.

Applicant name:	Phone #:
Applicant address:	
Age of applicant:	Is the applicant a U.S. citizen: yes no
Present occupation of applicant: _	
State the name of the taxicab com	pany you will be driving for:
Previous addresses if above is les	s than five years:
State applicant's prior experience	n the operation of automobiles, taxicabs or other vehicles used in carrying passengers:
	for such permit has ever been charged with, convicted of or plead guilty to any felony to date, nature of the offense and the court in which such charge was made, conviction entered:
	t for such license has had any chauffeur's license or operator's permit suspended or
Please include a copy of the fro fee. (\$45 if renewed after Decem	nt and back of the applicant's current driver's license and the \$20.00 application ber 31st)
Signed:	Dated:
Print name:	

For office use only

Date i	oaid:	Rec	eipt numb	er:	Copy of	driver's	s license:	