



OFFICE OF THE CLERK/TREASURER City of Burlington

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City of Burlington Vehicle for Hire Driver License Certificate

NOTE: Any false statements will cause automatic rejection of license

Driver Information:

Last Name: _____ First: _____ Middle: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone # _____ Email: _____ Cell #: _____

Taxicab business which applicant is employed or has been offered conditional employment:

Company: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Note: By signing below the business owner is stating that they have employed or offered employment for the licensee.

Business Owner Signature

Date

Answer all questions with a YES OR NO:

Are you of the age 21 or older? YES NO

Do you have at least one (1) year of driving experience? YES NO

Do you hold a valid Vermont Operator's License, including any necessary endorsements?
 YES NO

Have you ever been convicted of homicide, manslaughter, kidnapping, or sexual assault, or are required by any governmental entity to register as a sex offender in any jurisdiction? YES NO

In the past seven (7) years have you been convicted of any of the following;

- Operating a vehicle while under the influence of either drugs or alcohol? YES NO
- Refusing to submit to an evidentiary alcohol or drug test for operating under the influence? YES NO
- Had any felony involving the sale or possession of controlled substances or narcotics? YES NO
- Had any offenses involving threats, physical violence, or the use of a weapon? YES NO
- Had any theft, fraud, or dishonesty? YES NO
- Had any felonies involving reckless driving, negligent operation, or leaving the scene of an accident? YES NO

In the past three (3) years have you been convicted of more than three (3) moving motor vehicle violations and/or convicted of driving on a suspended or revoked driver's license within the last three (3) years in any jurisdiction? YES NO

- VCIC _____
- SSCI _____
- DMV _____

Date Received: _____
 Background Fee Paid: _____
 Expiration Date: _____

License #: _____
 ID Fee: _____
 Date Issued: _____

Do you have any pending unsolved criminal charges which if convicted would disqualify you? YES NO

Do you have any physical or mental infirmities that would impair your ability to drive safely or assist passengers? YES NO

Are you under the supervision of the Department of Corrections? YES NO

Are you subject to an Abuse Prevention Order? YES NO

Are you addicted to drugs or alcohol? YES NO

Have you held a City of Burlington Taxi Driver's License with the last three (3) years? YES NO (If yes, state dates and employer) _____

Have you previously been denied a Taxi Driver's License? YES NO

If yes, date(s) _____

By signing below, you agree to hold the City harmless from any and all claims, demands, damages, causes of actions, and costs, including all costs of litigation, costs of any kind including attorney's fees, arising out of operation or use of a taxicab or other vehicle for hire licensed under this chapter.

You agree to abide by the terms and conditions of the City of Burlington Vehicle for Hire Ordinance and any airport regulations and to comply with all federal, state or local laws.

You acknowledge and agree that:

It is the obligation of a licensed taxicab driver to notify the Taxi Administration Office of any suspension or revocation of his or her Vermont Operator's License and to return his or her taxicab driver's license to the Taxi Administration Office within Five (5) days of such suspension or revocation.

It is a violation of this ordinance for the licensee to continue to use or drive any taxicab vehicle after suspension of his or her Vermont Driver's License and the driver may be denied a taxicab driver's license for up to two (2) years from the date of the finding by the Appeals Panel of such violation by a licensee in addition to any other penalty which may apply under the Vehicle for Hire Ordinance.

Each question and answer and each statement made in the application, or any proof required shall be deemed material.

You hereby certify that all statements made in this application are true and complete, and agree and understand that any misstatements of material facts herein will result in denial of license or revocation of license if one has been granted to you.

Signature of Applicant

Date

VCIC
 SSCI _____
 DMV

Date Received: _____
Background Fee Paid: _____
Expiration Date: _____

License #: _____
ID Fee: _____
Date Issued: _____