



# TAXICAB OPERATOR APPLICATION

The filing of this application does NOT constitute authority to operate a taxi within the City limits of Holyoke. This can only be done when a license is issued by the Office of the City Clerk. The undersigned respectfully request that he/she be granted a license to operate a taxicab within the City limits of Holyoke.

Date: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SSN: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

Complexion: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Massachusetts Operators License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Tax Company Employed by: \_\_\_\_\_

Do you possess a Chauffer's License issued by the Mass Highway Commission for the year? YES or NO

If yes, enter the number here \_\_\_\_\_

1. Is you license to operate motor vehicles NOW under suspension or revocation? YES or NO

2. Have you ever been ARRESTED? YES or NO If Yes, enter the offense/charge and disposition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you currently employed at another occupation, besides taxicab operator? YES or NO

If Yes, at what occupation: \_\_\_\_\_

4. Years of school you have completed: Grammar \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

5. Are you a citizen of the United States? YES or NO If no, list the name of the Country of which you

are a Citizen: \_\_\_\_\_

6. Do you read, write and speak the English Language Intelligently? YES or NO

Remarks: \_\_\_\_\_

*This document must be notarized and any false or misleading responses herein shall be grounds for denial of your application, in addition to any other findings.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**COMMONWEALTH OF MASSACHUSETTS, City of Holyoke  
HAMPDEN, SS.**

Date: \_\_\_\_\_

\_\_\_\_\_ Personally appeared before me and made oath that the foregoing statements made by him/her subscribed are true.

\_\_\_\_\_  
Notary of Public  
Commonwealth of Massachusetts, My Commission Expires \_\_\_\_\_