

If not, list your Alien Card number: _____

If a naturalized citizen, list where and when naturalization occurred and provide citizenship number:

List all of your home addresses for the past 5 years, excluding your current address:

1. _____
number & street, city, state _____ dates of residence

2. _____

*** Do you suffer from epilepsy, vertigo, heart trouble, or any other infirmity of body or mind which might render you unfit for the safe operation of a public vehicle? YES NO

If Yes, describe: _____

List your employment for the last 5 years, starting with present place of employment:

1. _____
name of business address phone number dates of employment

2. _____

*** Have you ever been arrested and/or charged with a crime. If yes, list all of the arrests and/or charges below. Include the date, violation, disposition, and police department/court of jurisdiction. YES NO

If you have previously driven a cab, list below. Include the name of the cab company, address, phone number and dates of your employment.:

If your license to operate a cab has ever been revoked, list when and why?

APPLICANT'S STATEMENT

APPLICANT'S STATEMENT: Using the information I have provided above, I understand that my application for permit to operate a taxicab, motor vehicle for hire, or non-emergency medical transportation vehicle will involve a complete criminal and driver license check by the Livonia Police Department. I hereby release any individual, organization and the City of Livonia from any liability that may result from furnishing the information requested above or from any subsequent use of the information. Any fraud, misrepresentation or false information as provided on this application shall be grounds for refusal/revocation of a license/permit.

STATE OF MICHIGAN

SS

COUNTY OF _____

(NOTARIZED SIGNATURE OF APPLICANT)

On this the _____ day of _____
(month) (year)

before me, a Notary Public of the State of Michigan, appeared the above named applicant and gave oath that the matters set forth in the foregoing statement are true.

(NOTARY PUBLIC)

MY COMMISSION EXPIRES _____

