



License Fee: \$59.00

License # **LTO-**_____

New ☐

Renewal ☐

Application for a Taxi or Jitney Operator License

Name: _____
First Middle Last

Current Address: _____
Number Street City State Zip

Email Address: _____ Phone Number: _____

Company Name: _____ Phone Number: _____

Date of birth: _____ Place of birth: _____

Month - Day - Year

City

State/Country

Are you a citizen of the United States? Yes ☐ No ☐ If No, country of citizenship: _____

Do you read and write English? _____

Are you addicted to the use of drugs or alcohol? Yes ☐ No ☐

Have you ever been **arrested** or **convicted** of a felony or misdemeanor? Yes ☐ No ☐

If yes, list type of conviction and jurisdiction: _____

List the date of filing, court and description of each **pending** charge against the applicant alleging a violation of law: _____

Have you been trained to operate a taxi cab? Yes ☐ No ☐

Are you free of defective vision, defective hearing, and any other infirmities that would render you unable to operate a cab in a safe manner? Yes ☐ No ☐

List your home addresses for the previous five (5) years, starting with the most recent:

Length of Time	Street Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all other states in which you have previously obtained a taxi operator license:

Was any previous license held in other states ever revoked or suspended: Yes ☐ No ☐

Please indicate that you agree or disagree by marking yes or no for the following:

1. I will use the shortest practicable routes on all trips: Yes ☐ No ☐
2. I am in good standing and have not had any license or registration to operate revoked or suspended:
Yes ☐ No ☐
3. I am current with the City, County and State for any taxes, license fees, or any other indebtedness:
Yes ☐ No ☐
4. I agree to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials: Yes ☐ No ☐
5. I understand that the license may be suspended or revoked, and I will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated: Yes ☐ No ☐
6. I agree to give the Department of Business & Neighborhood Services written notice once the business ceases to exist: Yes ☐ No ☐
7. I agree to give the Department of Business & Neighborhood Services written notice if there is any change in the information provided that renders this application incomplete or inaccurate within 30 days after such change occurs: Yes ☐ No ☐

Optional fee waiver questions for new license applicants only:

Depending on your responses to the questions below, and submission of supporting documentation, you may be eligible for a full or 50% reduction of the license fee.

- | | | |
|--|-----|----|
| Are you or your spouse active duty in the US armed forces or national guard? | Yes | No |
| Are you or your spouse a veteran of the US armed forces or national guard? | Yes | No |
| Are you currently enrolled in a federal public assistance program? | Yes | No |
| Is your household adjusted gross income at or below 185% of the federal poverty guideline? | Yes | No |

Applicant Notification & Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

The undersigned affirms under penalty for perjury, I.C. 35-44.1-2-1, that the answers, representations and information provided in this application are true and correct.

Signature _____

Name Printed _____

Date signed _____