

APPLICATION FOR LICENSE TO OPERATE TAXICAB/PRIVATE LIVERY

CITY OF GLOUCESTER, MASSACHUSETTS
TO THE LICENSING COMMISSION

CHECK ONE:

NEW LICENSE: _____

ANNUAL RENEWAL: _____

Dear Sir/Madam:

The _____ has agreed to employ _____
(Taxi/Livery Company Name) (Licensee's Name)

as a (*check one*)

Taxicab Operator

Private Livery Operator

subject to the approval of the Licensing Commission.

(Signature of Company Owner or Manager)

TO THE CITY OF GLOUCESTER

I, _____
(Name) (Address)

(City & State)

(Zip Code)

(Telephone #)

Do hereby apply for a license to drive taxicabs in the CITY OF GLOUCESTER until DECEMBER 31, 20____ and do furnish the following information to the CITY OF GLOUCESTER under penalty of perjury:

RESIDENCE FOR THE PAST YEAR: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES ___ NO ___ DATE OF BIRTH _____

PRESENT MASSACHUSETTS OPERATOR'S LICENSE #* _____

***PHOTOCOPY OF VALID MA DRIVER'S LICENSE IS REQUIRED AT TIME OF MAKING APPLICATION**

(AND SOCIAL SECURITY # IF DIFFERENT FROM LICENSE #) _____

AGE _____ HEIGHT _____ WEIGHT _____ RACE _____

COLOR HAIR _____ COLOR EYES _____

THE CITY OF GLOUCESTER DOES NOT CONSIDER ANY OF THESE CHARACTERISTICS IN THE ISSUANCE OF A LICENSE. THESE CHARACTERISTICS ARE USED IN CORRECTLY IDENTIFYING PERSONS DURING BACKGROUND INVESTIGATIONS.

I UNDERSTAND THAT BEFORE ENTERING SERVICE OF ANY NEW EMPLOYER I AM TO RETURN MY TAXICAB OPERATOR'S LICENSE TO THE CITY CLERK FOR RECORD OF NEW EMPLOYER. *THIS FORM MUST BE APPROVED BY THE POLICE CHIEF FOR NEW AND RENEWAL LICENSES.

(Signature of Applicant)

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I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

* Signature of Individual
or Corporate Name (Mandatory)

BY: Corporate Officer
(Mandatory, if applicable)

** Social Security (Voluntary) or
Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L.C. 62C s. 49A.

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The _____ is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____ to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

the _____ may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that _____ must provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

I am an: (please check one)

- Applicant for Employment Position: _____ Department: _____
- Employee Position: _____ Department: _____
- Applicant for Licensure License Sought: _____
- Current Licensee License Held: _____
- Volunteer Position: _____ Department: _____
- Contractor Company Name: _____

The City of Gloucester is registered under the provision of M.G.L. Chapter 6, §172 to receive CORI for purpose of screening current and otherwise qualified prospective employees, contractors, volunteers, license applicants and current licensees. As a prospective or current employee, license holder, contractor or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS (and in the case of certain applicants subject to fingerprint-based background checks, to the FBI). I hereby acknowledge and provide permission to the City of Gloucester to submit a CORI check for my information. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the City of Gloucester with written notice of my intent to withdraw consent to a CORI check.

For employment, volunteer and licensing purposes only: The City of Gloucester may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the City of Gloucester must first provide me with written notice of this check 72 hours in advance. By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate.

Applicant/Employee/Licensee/Volunteer/Contractor Signature Date

Please Print

Last Name: _____ First Name: _____ Middle Name: _____

Current Address: _____

Former Address/Addresses: _____

Maiden Name/Alias (if applicable): _____ Place of Birth: _____

Date of Birth: _____ Last 6 digits of Social Security Number: ____-____ Sex: ____ Race: ____

Height: ____ ft ____ in. Eye Color: _____ State Driver's License Number (include state): _____

Mother's Full Maiden Name: _____ Father's Name: _____

List any other name(s) or dates of birth that appear in DCJIS database: _____

ID Theft Index Pin: _____ (The Identity Theft Index PIN number is not required and only for those applicants who have been issued an Identity Theft Pin Index number by the DCJIS. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.)

For Official Use Only

I certify that the foregoing person was identified in conformity with City Policy using the following form of acceptable government issued identification (circle one): State Driver's License, State Issued ID with Photo, Passport, U.S. Military ID, High School ID Card, or Other (obtain supervisory approval if circling other).

Signature of CORI Authorized Employee: _____ Position: _____ Date: _____