

CITY OF STERLING HEIGHTS
APPLICATION FOR TAXI DRIVER PERMIT

SUBMIT TO: CITY CLERK
CITY OF STERLING HEIGHTS
40555 UTICA ROAD
P.O. BOX 8009
STERLING HEIGHTS, MI 48311-8009

Applicant Information:

Full Name _____ Age _____ Date of Birth _____

Address _____

Phone Number _____

Michigan Driver's License No. _____

Sex _____ Height _____ Weight _____ Color of Hair _____ Color of Eyes _____

Age _____ U.S. Citizen? _____ Naturalized? (number and place) _____

Marital Status _____ Michigan Resident? _____ How Long? _____

List all places of residence for the past five (5) years with dates. List the most recent address first, beginning with your present address:

List place of previous employment, including address, city, state and phone number:

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Have you ever been licensed as a taxi driver or chauffeur previously? If yes, list date, place, and whether your license has ever been revoked, and if so, the reason:

Have you ever been convicted of any offense against the laws of the United States, State of Michigan or the ordinances of the City of Sterling Heights? If so, identify the crime or offense, date, place and disposition:

I, _____, do hereby solemnly swear or affirm that all statements contained in this application are true and correct to the best of my knowledge, information and belief. I understand that any false information in this application may result in the revocation of any permit by the City of Sterling Heights.

Signature of Applicant _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public

_____ County, Michigan

My commission expires: _____

Documents which must be attached to this application:

_____ Annual permit fee in the amount of \$12.00 (permit expires on 12/31 of each year)

_____ Copy of applicant's Michigan Driver's license

_____ Health exam within the last 90 days

_____ 3 photographs (head and shoulders)

_____ Police Department approval

_____ Date License issued _____

_____ Notification to Police Department when license has been issued

License No.: _____

License Expiration Date: _____

Issued by: _____

Approved by: _____

**CITY OF STERLING HEIGHTS
OFFICE OF THE CITY CLERK**

CERTIFICATE OF CHARACTER REFERENCE

I, _____ of _____
(Address)

_____, certify to the
(City) (State) (Phone Number)

good character of _____, who is personally
known to me and whose conduct I have observed within the past two months.

(Signature)

(Date)

State of Michigan

County of _____

On this _____ day of _____, _____, before me personally
appeared _____, who being duly sworn,
states that he signed the above reference and that the statements therein are true.

Notary Public

My commission expires: _____

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