

**OFFICE OF THE TOWN CLERK  
Scarborough, Maine  
TAXICAB OPERATOR LICENSE APPLICATION  
May 1 through April 30**

***This space for office use only:***

License Fee: \$25                      Date Received \_\_\_\_\_                      Cash    Credit    Check # \_\_\_\_\_

**Police Department:**

SBI Report (attached) \_\_\_\_\_                      Photograph (attached) \_\_\_\_\_                      Fingerprints (attached) \_\_\_\_\_

**Applicant Information:**

1. \_\_\_\_\_  
Last Name                      First                      Middle                      Date of Birth

2. \_\_\_\_\_  
Home Physical Address (*P.O. Box also, if applicable*)                      City/Town                      State                      Zip

\_\_\_\_\_ Home Telephone

3. Do you have any physical incapacity which would prevent the safe operation of a taxicab? (Please circle) Yes No  
If yes, please list here \_\_\_\_\_

State of Health: (Please circle) Good Fair Poor

4. Have you lived in any other state in the past five years? (Please circle) Yes No If yes, please list:

\_\_\_\_\_ State/Year                      State/Year                      State/Year                      State/Year                      State/Year

5. Is your State of Maine driver's license currently under suspension? (Please circle) Yes No  
If yes, state reason \_\_\_\_\_

6. Have you at least one year of driving experience? (Please circle) Yes No

7. Has your State of Maine driver's license been revoked at any time during the past three years?  
(Please circle) Yes No If yes, state reason \_\_\_\_\_

8. Have you ever been convicted of any of the following:

(a) Operating under the influence of either drugs or alcohol within the previous six-year period?  
(Please circle) Yes No

(b) A Class A, B, or C crime and any sexual offense of any class as set forth in Chapter 11 of Title 17-A of M.R.S.A., within the previous six-year period?  
(Please circle) Yes No

(c) Any crime of any class that involves threatening or violent behavior within a three-year period?  
(Please circle) Yes No

(d) More than two (2) motor vehicle violations within the past 18 months; more than four (4) motor vehicle violations within the past 36 months?  
(Please circle) Yes No

If you answered yes to any of the above, please list below (use separate sheet of paper for any additional information):

\_\_\_\_\_ Year    Offense                      Place                      Disposition

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**Business Information:**

1. \_\_\_\_\_  
Taxicab Company *Physical Address*                      City/Town                      State                      Zip

\_\_\_\_\_ *Mailing Address* (if different)                      Business Telephone

2. Supervisor's Name/Telephone: \_\_\_\_\_

***(Please turn over and complete back of application.)***

The following must be submitted with this application:

- \_\_\_\_\_ 1. Fee.
- \_\_\_\_\_ 2. Valid State of Maine driver’s license.

Police Department Form (to be submitted before Town Council meeting):

- \_\_\_\_\_ 1. Photograph/fingerprints from the Scarborough Police Department.
- \_\_\_\_\_ 2. SBI report.

**Other Important Information:** Completed application must be submitted to the Office of the Town Clerk two Fridays prior to the Town Council meeting before 10:00 a.m. The Scarborough Town Council meets the first and third Wednesdays of every month except for July and August when the Council meets the third Wednesday only.

CERTIFICATION OF INFORMATION

*Please read and sign. This must be signed in front of a Notary Public.*

I hereby certify that all statements made in this application are true. I agree and understand that any misstatement or omission of material fact herein will result in refusal of license or revocation of license if one has already been issued.

In addition, I hereby authorize the release of any criminal history record information or driving history record information to the Town Clerk’s Office or licensing authority. I understand that this information shall become public record, and I hereby waive any rights of privacy with respect hereto.

I hereby acknowledge that I have read and understand the Town of Scarborough Taxicab Ordinance (Chapter 1004), and I agree to abide by the same.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of Maine  
Cumberland, ss.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Notary Public