



TAXI CAB BUSINESS LICENSE APPLICATION

May 1—April 30

Please check one: ☐ Individual ☐ Corporation | LLC | Partnership ☐ Non-Profit

Corporations, LLC, and Partnerships will need to completed a supplemental questionnaire.

Business Name: _____

Phone Number: _____ Email: _____

Location Address: _____ Town | State | Zip: _____

Mailing Address: _____ Town | State | Zip: _____

Owner's Name: _____

Phone Number: _____ Email: _____

Physical Address: _____ Town | State | Zip: _____

Mailing Address: _____ Town | State | Zip: _____

Do you have any physical incapacity which would prevent the safe operation of a taxicab? ☐ YES ☐ NO

If yes, please explain: _____

State of your health: ☐ Good ☐ Fair ☐ Poor

Have you lived in any other State in the past five years? ☐ YES ☐ NO

If yes, what State and years: _____

Do you have at least one year of driving experience? ☐ YES ☐ NO

Has your driver's license been revoked at any time during the past three years? ☐ YES ☐ NO

If yes, please explain: _____

Have you ever been convicted for any of the following:

Operating under the influence of either drugs or alcohol within the previous six year period? ☐ YES ☐ NO

Class A, B or C crime and any sexual offenses of any class as set forth in Chapter 11 of Title 17-A of MRSA, within the previous 6 years? ☐ YES ☐ NO

Any Crime of any class that involves threatening or violent behavior within a three year period? ☐ YES ☐ NO

More than two motor vehicle violations within the past 18 months; more than four motor vehicle violations within the past 36 months? ☐ YES ☐ NO

If yes to any of the above, please list below:

Year	Offense	Place	Disposition

Required Documentation

- ☐ Valid State of Maine Driver's License
- ☐ Registration of vehicle(s)
- ☐ Liability insurance for a term at least equal to the period of the requested taxicab license with liability limits no less than the minimums required under 29 M.R.S.A., Section 2708(a), and with a policy endorsement requiring written notice to the Town Clerk no less than 30 days prior to cancellation or non-renewal. Written evidence of such coverage shall be submitted with the application for the license.
- ☐ Supplementary Questionnaire for Corporations, LLC, and Partnerships
- ☐ SBI Report
- ☐ Photograph and fingerprints from the Scarborough Police Department
- ☐ Inspection form for each vehicle and meter signed by Scarborough Police Department.

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licenses and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of license. It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

Signature: _____ Date: _____

STATE OF MAINE Cumberland, ss. _____, 20__

Then personally appeared before the above-named _____ and made oath the foregoing statements are true.

Notary Public/Attorney

Town Use Only

Application Fee: \$50.00
License Fee: \$50.00 per operator

Date Received: _____ Amount Paid: _____ Payment Type: _____ Initials: _____

Approved by: ☐ Town Clerk ☐ Code Enforcement Officer
☐ Police Chief ☐ Fire Chief
☐ Tax Collector ☐ Town Council (if applicable)

SUPPLEMENTARY QUESTIONNAIRE FOR CORPORATION | LLC | PARTNERSHIP APPLICANTS

This document must be signed in the presence of a Notary Public.

Exact Corporate Name: _____

Date of Incorporation: _____

State Incorporated: _____

If not a Maine corporation, date the corporation was authorized to transact business in the State of Maine: _____

List the following information for all officers/directors for the previous five (5) years and list the percentage of stock owned (use other side if needed):

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>% of Stock</u>	<u>Title</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is the amount of authorized stock _____

Is any principle officer of the corporation a law enforcement official? ☐ YES ☐ NO

If yes, name: _____

Have applicant(s) or manager(s) ever been convicted of any violation, other than minor traffic violations, in the United States within the past five (5) years?

<u>Name</u>	<u>Date of Conviction</u>	<u>Offense</u>	<u>Location</u>	<u>Disposition</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature: _____ Date: _____

Print Name: _____

STATE OF MAINE Cumberland, ss. _____, 20____

Then personally appeared before the above-named _____ and made oath the foregoing statements are true.

Notary Public/Attorney

