

City of Dothan, Alabama Taxi Driver's Permit Application

Sec. 110-72, Application

Each person desiring a permit shall apply to the City of Dothan, AL City Clerk's Office for such driver's permit or renewal of such permit upon a form provided by the City Clerk.
(Code 1977, § 21-25; Ord. No. 97-24, § 1, 1-21-97)

TO: THE CITY CLERK
CITY of DOTHAN, ALABAMA.

I hereby make application for a permit to drive a taxicab in the City of Dothan, Alabama, during the fiscal year, which expires on December 31st of the following date of issue.

I respectfully represent under oath before the POLICE OFFICER whose signature appears below, that I am:

- 1) At least 18 years of age.
- 2) I possess a current Alabama Drivers License
- 3) My Driver's license is not now, nor has it ever been suspended or revoked.
- 4) I am not a **HABITUAL** drunkard nor have I ever been arrested for an Alcohol Related Offense.
(More than *TWO D.U.I.'s* or *TWO PUBLIC INTOXICATION'S* OR a combination of both, i.e. *One D.U.I. and ONE PUBLIC INTOXICATION*)
- 5) I am not **ADDICTED** nor ever have been **ADDICTED** to ILLEGAL DRUGS NOR HAVE I BEEN ARRESTED FOR AN OFFENSE INVOLVING Controlled Substances.
- 6) I have not been adjudged insane or feebleminded, or if so, have been restored to competence by judicial decree or by certification from proper medical authorities.
- 7) I am not afflicted with or suffering from any physical or mental disability which prevents me from having reasonable and ordinary control over a motor vehicle at all times.

(Code 1977, § 21-26)

I also understand that under the provisions of the MUNICIPAL CODE of ORDINANCES of the CITY of DOTHAN, ALABAMA, this permit may be cancelled or suspended by the CITY LICENSE DIVISION for any of the above listed reasons, and additional offenses enumerated in Section 110-77, of the Municipal Code of Ordinances.

This application is for a NEW () TAXI DRIVER'S PERMIT or RENEWAL ().

APPLICANT'S SIGNATURE

DATE

SOCIAL SECURITY #: _____

PLEASE PRINT:

NAME: _____

Affix Copy of Driver's License Here

ADDRESS: _____

City State Zip

PHONE: _____

EMPLOYED BY: _____

THIS APPLICATION IS APPROVED, this the _____ day of _____, _____

CHIEF OF POLICE DOTHAN, ALABAMA, BY: _____