



Regulated Industries Division
635 Woodland Ave, Suite 2101
Kansas City, Missouri 64106
Phone (816) 784-9000

Office Use Only

Certificate # _____
 Approved by: _____
 Denied by: _____
 Date: _____

Vehicle for Hire Operations Certificate Application

Previous Certificate # _____

Check all that apply: New Renewal Taxi Livery Sight-seeing Pedicab

Answer all questions completely. If something does not apply, write NA in the blank following the question.

Date: _____ Social Security Number: _____ - _____ - _____ Phone # _____

Print Name: Last: _____ First _____ Middle: _____

List alias or any other names used including maiden name: _____

Physical Description: Sex: _____ Age: _____ Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Date of birth: _____ Place of birth: _____
 (City & State or Nation & Country)

List the previous three (3) addresses where you have lived. Begin with your current address.

<u>Date From</u>	<u>Date To</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>

List all addresses where you have lived for the past five (5) years.

<u>Date From</u>	<u>Date To</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>

What month and year did you arrive in the United States (U.S.)? _____

Are you a U.S. citizen? Yes No If no, in what country do you hold citizenship? _____

*** If you are not a citizen, you must present a Permission to Work Document issued by the U.S. Department of Justice Immigration and Naturalization Service.**

What was the first U.S. city that you lived in? _____ List all Cities & States where you have lived.

<u>City</u>	<u>State</u>	<u>City</u>	<u>State</u>	<u>City</u>	<u>State</u>

Can you read and write the English language? [] Yes [] No

Under chapter 76, section 191(c)(3), the ordinance states; No driver of a taxicab shall willfully refuse, without cause, to accept guide dogs used by a passenger requesting transportation. Do you agree to always accept guide dogs used by a passenger requesting transportation?

[] Yes [] No

Date of last physical examination: _____ (must be within the last three {3} years and conducted by an M.D.; D.O.; or D.C.)

(Copy of physical examination must be attached) Name of Physician: _____

Address City State Zip

Name of company you intend to drive for: _____

Address City State Zip

Phone # _____ How long have you been with this company? _____

Do you work for an employer other than a Taxi/Livery/Sight-seeing company? [] Yes [] No If yes please fill out the following:

Name: _____

Address City State Zip

Have you ever applied for a Taxi/Livery/Sight-seeing certificate before? [] Yes [] No If yes, provide the following information for all locations.

City State Date Certificate #

Have you ever applied for a Taxi/Livery/Sight-seeing certificate which has been denied or revoked? [] Yes [] No If yes, please provide the following information.

City State Date Reason Denied or Revoked

Missouri Commercial Driver's License # _____ Expiration Date: _____

Kansas Commercial Driver's License # _____ Expiration Date: _____

Has your chauffeur's / Driver's license ever been suspended or revoked by any state? [] Yes [] No If yes, provide the following:

Date Suspended/Revoked City State Zip

List all traffic convictions for the last Five (5) years.

Date Conviction/Charge City State

Date

Conviction/Charge

City

State

List all convictions, Regardless of how old the conviction.

Specify: **(C)** for city, **(CO)** for county, **(S)** for State, **(F)** for Federal. Circle **(M)** for Misdemeanor or **(F)** for Felony.

Date

Conviction/Charge

City

State

C-CO-S-F

Circle

M or F

M or F

M or F

M or F

M or F

M or F

M or F

M or F

M or F

Have you ever been found guilty of, plead guilty to, or been convicted of a **felony** (federal or state) for any of the following:

- First degree murder
- Second degree murder
- First degree arson
- First degree assault
- Forcible rape

- Forcible Sodomy
- Kidnapping
- First degree robbery
- Voluntary manslaughter
- First degree assault of a law enforcement officer

Have you ever been found guilty of, plead guilty to, or been convicted of a **felony or misdemeanor** (federal or state) for any sexual offenses including but not limited to the following:

- First degree child molestation
- Second degree child molestation
- Sexual misconduct involving a child
- First degree sexual misconduct

- Second degree sexual misconduct
- Third degree sexual misconduct
- Sexual abuse
- Other unlisted sexual offense: _____

Are you now or have you ever been a registered sex offender? [] Yes [] No

Have you ever been sentenced to jail? [] Yes [] No

Date

Conviction

City

State

Are you presently on probation? [] Yes [] No Are you presently on parole? [] Yes [] No

Name of Probation/Parole Officer Agency Address City State Zip Telephone #

When does your probation/parole expire? _____ **Attach letter from your Probation /Parole Officer.**

Regardless of how old the conviction, list all alcohol and/or drug related convictions. Specify (A) for alcohol or (D) for drug related.

<u>Date</u>	<u>Conviction/Charge</u>	<u>City</u>	<u>State</u>	<u>Circle</u>
_____	_____	_____	_____	A or D
_____	_____	_____	_____	A or D
_____	_____	_____	_____	A or D

Have you ever been treated or directed to be treated for alcohol (A) or Drug (D) abuse? If yes, specify the following:

<u>Dates</u>	<u>By Whom</u>	<u>City</u>	<u>State</u>	<u>Circle</u>
_____	_____	_____	_____	A or D
_____	_____	_____	_____	A or D
_____	_____	_____	_____	A or D

Describe treatment for each incident: _____

Are you under medical treatment which requires prescription drugs, including barbiturates, tranquilizers, narcotics, or any other drugs? Explain in full, list type, quantity, dosage, and frequency:

Have you ever served in the Military? [] Yes [] No Country: _____

Branch: _____ Type of discharge: _____ Date: _____

Note: I have read and completed this application in its entirety and by evidence of my signature below, **I understand that furnishing false or incomplete information on this application is grounds for denial** of certificate according to section 76.111. There is **no refund of the application fee** once the application and fee are received and submitted for evaluation.

I hereby authorize law enforcement, probation and parole agencies, and any other government agencies, to release all information pertaining to any traffic or criminal record, and also any information concerning my operation of a Taxi/Livery/Sight-seeing vehicle from any such agency and any holder of Taxi/Livery/Sight-seeing permits, to the city of Kansas City, Missouri.

Applicant's Signature: _____ Date: _____

Date Certificate Picked Up: _____ By Whom: _____