



City of Rochester, New Hampshire

Building and Licensing Services

Taxicab Operator Permit Application

Cost: \$100.00

License Holder Information:

Name: _____ Phone: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Business Information:

Business Name: _____ Location: _____

Owner Name: _____ Phone: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Daily Operator (Manager): _____ Phone: _____

NOTE: No permit will be issued until applicant has provided the Building and Licensing Office with proper certification of insurance coverage.

Required – Current Criminal Conviction Record report from the State of NH (Questions about their process call 603-223-3867) – This is required from ALL Owners named on Business License

Date of Report _____ (Can not be dated more than 60 days prior to license issue date)

Number of taxicabs under business: _____ Insurance Certificate Filed: _____

I agree to comply with all rules and regulations pertaining to the City Ordinance adopted by the City of Rochester and all State Statutes, where applicable, pertaining to the license applied for.

Signature

Date



City of Rochester, New Hampshire

Building and Licensing Services

Release of Information Authorization

Name: _____

Date of Birth: _____

This is to certify that I am applying for a license from the City of Rochester. In connection with this application, I hereby authorize the City of Rochester Police Department to conduct a criminal record check for the purpose of this application, the results to be forwarded to the Chief of Police or his designee for review and disposition. This information will be kept in the strictest confidence, and no other agency will have access to without written permission from me.

I understand the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any liability arising out of, or resulting from the release of this information. I am willing that a Photostat of this authorization be accepted with the same authority as the original.

Applicant Signature: _____ Date: _____

Witnessed By: _____ Date: _____

Note:

You may refuse to sign this authorization, however all processes related to any application you are filing shall cease and be void without the release being signed.