



CITY OF JOHNSON CITY
601 East Main Street
www.JohnsonCityTN.org
423.434.6000

OFFICE OF RECORDER/TREASURER

(Code: 110-044)

TAXI CAB PERMIT RENEWAL FORM

Date: _____

Name: _____

Age: _____

Address: _____

Date of Birth: _____

Telephone Number: _____

Tennessee Commercial Driver's License Number: _____

*******ATTACH A COPY OF LICENSE*******

Name of Employment: _____

Applicant affirms that he/she has not been convicted of a violation of any statute, ordinance, rule or regulation against vehicle for hire operators, or committed any crime involving moral turpitude.

Applicant consents to be investigated by municipal, county, state, or federal law enforcement agencies concerning information presented in this form.

Applicant agrees to provide such additional information as may be required by the City to fully investigate this form.

Signature of Applicant: _____

Police Chief: _____ Date: _____

Approved: _____

Denied: _____

City Manager: _____ Date: _____

Approved: _____

Denied: _____