



CITY OF CONWAY TAXI DRIVER APPLICATION

TO THE CITY COUNCIL OF THE CITY OF CONWAY, ARKANSAS:

The undersigned hereby makes application for license to operate taxi-cab within said city, in accordance with the provisions of Ordinance No. A-415, passed June 9, 1964, and all amendments made here-to, and makes the following statements and representations in support of this application:

NAME OF TAXI SERVICE: _____

BUSINESS ADDRESS: _____

DRIVERS FULL NAME: _____
FIRST MI LAST

HOME ADDRESS: _____

DATE OF BIRTH: _____

\$5.00 PERMIT FEE DATE PAID: _____

_____ COPY OF APPROPRIATE ARKANSAS DRIVERS LICENSE WITH "P" ENDORSEMENT

I further state that I have read and am familiar with all provisions of said Ordinance No. A-415 and all amendments made here-to; that I will in good faith comply with all the terms of said ordinance; and I further agree that in event I, or any of my agents or employees, shall violate any of the provisions of said Ordinance, the license issued to me for the operation of the above described automobile as a taxi-cab may be revoked in accordance with the provisions of said Ordinance, and any license fee I may have paid for the issuance of a license on said taxi-cab shall not be refunded.

SIGNATURE

DATE