STEPS TO APPLY FOR A TAXICAB PERMIT/BADGE

1. You must have been a resident of Lauderdale County for Six (6) months to eligible to drive for Meridian Cab Company.

2. You must also have a CLASS “D” or higher driver’s license to be eligible.


4. Application must be signed by the owner of the Meridian Cab Co.

5. Go to a doctor of your choice for a physical examination. He/she must complete section on application.

6. You will need two (2) personal references of people who have known you for at least one (1) year and are of upstanding character. Please provide their name, phone number, and address.

7. Take the records release form to the Police Station to be filled out. The Police Station will also fingerprint applicant. There will be a $5.00 charge for this.

8. Send for a copy of your MVR from The Department of Public Safety in Jackson MS. You will need to enclose an $11.00 money order and an envelope stamped and addressed to Clemmie Mathis.

9. Bring two pictures (passport size-1”x1”) to City Hall with completed application and it will be notarized by the clerk.

10. A short written test will be given when you turn in your application.

11. A copy of your driver’s license will be made at City Hall.

If the Police Chief approves your application, it will be presented to the Taxicab Advisory Board for recommendation.

Your application will then be presented to the City Council for approval. You will be notified of the council date and you are encouraged to be present at this council meeting.

You will be notified when your badge is ready. You will then come to City Hall to obtain your Permit/badge for $10.00.

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IF YOU OWN YOUR OWN CAB

1. You must register your cab with the City. The year/model, VIN number, tag number and expiration date will be recorded.

2. You must supply the City with a current Insurance Policy for your vehicle-for-hire yearly.
I ___________ owner of the Meridian Cab Co. do hereby state that the Meridian Cab Company is in need of a taxicab driver.

The Meridian Police Department will take fingerprints.

Finger Print Classification

PHOTO NEEDS TO BE THIS SIZE

NO. _____________

I HEREBY CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION FOR THE PURPOSE OF ACQUIRING A BADGE/PERMIT TO OPERATE A VEHICLE FOR HIRE IN THE CITY OF MERIDIAN IS TRUE AND CORRECT.

____________________  DATE _____________

SIGNATURE OF APPLICANT

Subscribed and sworn to before me in my presence, this _______ day of __________, ______. A Notary Public in and for the County of __________ State of _______.

____________________

Notary Public

City Clerk and Treasurer of City of Meridian, do hereby certify that the above and foregoing application was approved ( ) disapproved ( ) by the City Council of the City of Meridian by order entered on the _______ day of __________, ______.

____________________

City Clerk

Revised 11/18/08
CITY OF MERIDIAN
VEHICLE-FOR-HIRE DRIVER APPLICATION

The following application must be properly filled out in ink and all questions answered. All applicants must have been a resident of Lauderdale County for the past six (6) months.

Last Name ____________________________ First ____________________________ MI ______

Address ____________________________ City ________________ State ______ Zip ______

Home Phone __________ Work Phone __________

Date of Birth ___ / ___ / ____ Age ____ Race ____ Sex ____ Ht ______

Social Security No. _______ _______ _______ Weight ___ Eye Color ___ Hair Color ___

Driver’s License No. _______ _______ Date of Expiration ___ / ___ / ______

How long have you resided in Lauderdale County? ____________________________

Do you exhibit proficiency with the English language? ____________________________

List your employment record for the last 5 years.

<table>
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<tr>
<th>Place of Employment</th>
<th>Address City State Zip</th>
<th>Supervisor, Phone #</th>
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Personal Reference Letters (2) should include the following:

- "To the best of my knowledge, the applicant is at least 18 years old, is an experienced driver, has good moral character, and is physically & mentally capable to drive & operate such motor vehicle."
- Signature of Reference
- Address
- Phone Number
- Printed Name

Do you have experience in the transportation of passengers? ___ Yes ___ No
If yes, please explain

Have you ever been charged with a traffic violation or been convicted of any offense? If yes, please explain

Have you ever had any type of license or permit suspended or revoked? If yes, please explain

Have you served in the Armed Forces of this or any other country? ___ Yes ___ No
If yes, please give details

A licensed physician should fill in the following information.

Sight: ___ Satisfactory ___ Unsatisfactory
Hearing: ___ Satisfactory ___ Unsatisfactory

Does the applicant have a contagious or infectious disease? ___ Yes ___ No
If yes, please explain

Does the applicant have a history of fainting spells, epilepsy, etc.? ___ Yes ___ No
If yes, please explain

Does the applicant have a history of narcotic or alcoholic addiction? ___ Yes ___ No
If yes, please specify

Signature of Physician ____________________________________________
Printed name of Physician _________________________________________
Date Of Exam ____________________
VEHICLE-FOR-HIRE CONSENT FORM FOR
RELEASE OF RECORDS

(PLEASE PRINT)

I, ____________________________________________,
who resides at ______________________________________
do hereby give permission for the city of my residence, to release any and all
information relating to any misdemeanor (s), arrest (s) and/or any criminal
history, including traffic violations (s). I agree for the city to use this
authorization for each renewal of my vehicle-for-hire driver license.

Social Security Number: ____________________________
Drivers License Number _____________________________
Date of Birth: _____________________________________
Signature: _________________________________________

Signature and identification verified by: __________________
Date of request: __________________________
Entity requesting information: Taxicab Advisory Board

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<th>Date of violation</th>
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POLICE DEPARTMENT CLERK __________________________ DATE OF RECORD CHECK ________________________

FINGERPRINTS MUST BE TAKEN AT THE MERIDIAN POLICE DEPARTMENT

CONSENT RECORDS RELEASE REVISED 11/13/08
REQUEST FOR MVR

I, ____________________________, request my Motor Vehicle Report to obtain a Vehicle-for-Hire permit/badge. My driver’s license number is _____ - _____ - _______. My social security number is _____ - _____ - _______.

Please mail my MVR report in the enclosed stamped envelope, to the following address:

CLEMMIE MATHIS
MERIDIAN CAB COMPANY
1734 BUNK NEWELL ROAD
MERIDIAN MS 39301-8432

Enclosed is also a money order for $11.00, which will cover the cost for my MVR. Thank you for your assistance.

I certify that the above information given on this letter for the purpose of obtaining a MVR report is true and correct.

__________________________  ______________________________
Signature of Applicant        Date

Subscribed and sworn to before me in my presence,
this ______ day of _____________, _______. A Notary Public in and for the County of _______________ State of _____________.

__________________________
Notary Public

Revised 3/20/12