



CITY OF BOWLING GREEN OHIO

Taxicab or Public Transit Application

Codified Ordinance 114

GUIDELINES

Applicants must read and understand *Codified Ordinance 114*, available at www.bgohio.org under Codified Ordinances. Applications must be completed in full and all listed documents submitted in person to the Municipal Administrator, 304 North Church St. The application review process can take up to ten or more business days (*as outlined in ordinance 114.11*).

COMPLETE & SUBMIT THE FOLLOWING

1. License Application for Taxicab or Public Transit Driver (3 pages; must be notarized)
2. Police Investigation Release Form
3. Physician's Certification of Medical Conditions Form
4. Background check: Letter of Authentication or Criminal History Record Check from BCI&I (Bureau of Criminal Identification & Investigation). Completed within the past 3 months.
Background checks available by appointment only at Wood County Sheriff's Department (419-354-9006). Ohio drivers license and cash only required.
5. Ohio Drivers License—to be copied at time of application
6. \$10.00 Application fee (cash or check payable to *City of Bowling Green*)

Submit all documents to:

Office of Municipal Administrator/Safety Director
Third Floor, City Administrative Services Building
304 North Church Street, Bowling Green, OH 43402

Applicants who are approved and issued a license from the City of Bowling Green are eligible, but not guaranteed, to be employed by local taxi or transit providers. If the application is rejected, the applicant may request a personal appearance before the Taxicab License Board to offer evidence why his/her application should be reconsidered.

Questions about this form or the submission process may be directed to the Municipal Administrator's Office at bgcity@bgohio.org (419) 354-6204.



CITY OF BOWLING GREEN OHIO

License Application for Taxicab or Public Transit Driver

Date of Application: _____ Codified Ordinance 114 (please type or print in pen)

Applicant Name: _____
First Middle Initial Last

Home Phone: _____ Cell : _____ Work: _____

Address: _____
Street City, State Zip

How long have you lived at your current address? _____ years _____ months
If less than 5 years list previous residences and length for the previous 5 years

Street Address City, State Zip

Street Address City, State Zip

Street Address City, State Zip

APPLICANT DESCRIPTION:

Height: _____ Weight: _____ pounds

Eye color: _____ Hair color: _____

Gender: Male / Female Social Security Number: _____

Ohio drivers license number: _____ Expiration Date: _____

EDUCATIONAL BACKGROUND:

- Elementary School Graduate [] YES [] NO
High School Graduate [] YES [] NO
College Graduate [] YES [] NO
Technical or Business School Graduate [] YES [] NO

EMPLOYMENT RECORD: (for the preceding five years)

Company Name City & State Position Years



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PERSONAL REFERENCES:

Name	Business/ Profession	Address	Phone
Name	Business/ Profession	Address	Phone
Name	Business/ Profession	Address	Phone
Name	Business/ Profession	Address	Phone

CRIMINAL RECORD STATEMENT

Have you been convicted of a felony within the last seven (7) years? YES NO

If yes, please explain: _____

EXPERIENCE IN TRANSPORTING PASSENGERS:

Briefly describe any experience you have in transporting passengers (specifically for hire).

ADDITIONAL REQUIRED DOCUMENTS:

Physician’s Certification of Medical Condition form:

Before approval by the Taxicab License Board, the applicant must provide a certificate from a physician licensed by the State of Ohio Medical Board certifying that in his/her opinion the applicant is not afflicted with any disease or infirmity which might make him/her an unsafe or unsatisfactory driver. (The form provided with the application and must be completed by the physician at the applicant’s expense).

Background check: Submit with this application a letter of authentication or criminal record check from BCI&I, must be completed within the past 3 months.



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STATEMENT OF APPLICANT— Must be signed in front of a notary public

I hereby certify that the foregoing statements and included and attached documents are true and correct to the best of my knowledge and belief and that any falsification of facts shall automatically void this application.

Signature of Applicant

Subscribed in my presence by _____ this _____ day of _____, 20____.
Applicant Printed Name

(SEAL)

Notary Public

My Commission Expires

For office use only

FEE: \$10.00 Amount Paid _____ Receipt Number _____

DOCUMENTS SUBMITTED:

The following documents are submitted to the Taxicab License Board for review:

1. License Application (completed and notarized)
2. Signed Police Investigation Release Form
3. Physician’s Certification of Medical Conditions Form
4. A valid Ohio Drivers License—a copy has been made and attached here
5. BCI&I background check letter
6. BG Police department report regarding the applicants driving & criminal record

APPROVAL BY TAXICAB LICENSE BOARD

Approved: _____ Date: _____

Approved: _____ Date: _____

Approved: _____ Date: _____



Police Investigation Release Form

(See Codified Ordinance Section 114.09)

City of Bowling Green
304 North Church Street
Bowling Green, Ohio 43402

I, _____, presently residing at _____
Printed Name of Applicant Street Address

_____, have applied for a Taxicab or Public Transit Driver's License
City, State, Zip

with the City of Bowling Green, Ohio. I have been advised and am fully aware that a representative of the Bowling Green Police Division will be conducting a thorough investigation of my background to assist in determining my suitability for this license. I realize that, in conducting this background investigation, officers will be making inquiries of: officials and record offices at schools which I have attended; physicians and/or other persons who may have examined or treated me for any physical or other type of illness or injury; police or courts with whom I have an arrest or conviction record; credit bureaus and/or firms who may have information regarding any credit record and/or financial standing; present and previous employers; and any other persons who may be able to provide information about me which the Bowling Green Police Division has been assigned to ascertain.

I hereby give my permission and waive all provisions of law forbidding any physician or other person who has attended me or any other school official, court, police agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested or desired by the Bowling Green Police Division. I further consent and request that the Chief of the Bowling Green Police Division, or his representative, be provided with a copy of any such record concerning me which they may desire.

I recognize the right of the Bowling Green Police Division to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtained therefrom.

Witnesses:

signature

printed name

signature of applicant

date

signature

printed name

PHYSICIAN'S CERTIFICATION OF MEDICAL CONDITION

(See Codified Ordinance Chapter 114.08{B})

(Must be printed in ink or typed)

This form must be completed by a physician licensed by the State of Ohio Medical Board in compliance with section 114.08(B) and will be reviewed by the Taxicab License Board as part of the application process to receive a Taxicab or Public Transit license for the City of Bowling Green, Ohio.

Date of examination: _____

Patients Name: _____
Print : first, middle, last

Patient Address: _____
Print: first, middle, last

Patient Date of Birth: _____

I certify that the applicant herein does not have a medical or physical condition, including vision impairment that cannot be corrected, that could interfere with safe driving, passenger assistance, and emergency treatment activity. I further certify that the applicant herein does not have a medical or physical condition that could jeopardize the health and welfare of a client or the general public.

Signature of Examining Physician

Date

Physicians Name (please print or type)

Office Adress

Physician Phone Number

I hereby authorize the above named physician to release to the City of Bowling Green Taxicab License Board information regarding the results of my physical exam.

Applicant's Signature

Date