



Watertown Police Department



HACKNEY DRIVER LICENSE APPLICATION

DATE :

Name:			
Address:		City/town:	
Telephone Number:		Social Security #:	
Date of Birth:		Place of Birth:	
Height:	Weight:	Eyes:	Hair:
Drivers License #:		State:	Expires:
Fathers Name:		Mothers Maiden Name:	
Present Employer:		Work Address:	
U. S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>		Work Telephone Number:	
<i>If not a U.S. Citizen a 'Green Card Registration must be presented</i>			
HAVE YOU EVER BEEN ARRESTED OR SUMMONED INTO COURT AS A DEFENDANT? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, give particulars (Date, nature of offense & disposition):			
REFERENCES (Name, Address, and telephone Number)			
1)			
2)			
3)			
Hackney Carriage Company Name:			
Signature of Hackney Company Owner:			
<p><i>I declare the above facts are true and complete to the best of my knowledge and belief. I understand that any false answer(s) will be just cause for denial or revocation of my license to operate a Hackney Carriage in the Town of Watertown.</i></p> <p><i>I further certify that I am not connected with any person, firm or corporation engaged in the Hackney Vehicle business other than the employer stated herein.</i></p>			
Signature:			