



**CITY OF SPRINGFIELD
TAXI & LIVERY COMMISSION**

36 Court Street, Room 204
Springfield, MA 01103
413-787-6196
FAX 413-787-6528

APPLICATION FOR LIVERY LICENSE

\$50 New License/ \$50 Renewal

**Must Submit Two Separate Money Orders Each in the amount of \$25
Certified Checks or Money Orders Only**

2021

_____ Renewal Request _____ New License Request

1. Individual Name: _____ Tel. No: _____

a. Maiden Name (If applicable) _____

b. Individual Social Security No _____

c. Individual MA License # _____

d. Individual E-MAIL ADDRESS _____

e. List all aliases used _____

f. Date of Birth _____ Sex _____

g. Place of Birth _____ Marital Status _____

h. Hair color _____ Eye Color _____ Height _____ Weight _____

i. Father's Full Name _____

j. Mother's Full Name (Include Maiden Name) _____

2. Individual's Address: _____ Zip Code _____

3. Name of Company (d/b/a.): _____

4. Address _____ Zip Code _____

5. Are you a U.S. Citizen? _____

6. Are you a Naturalized Citizen? _____ Naturalization Certificate Number _____

7. Are you a permanent Resident of The United States? (Possess a green card) _____

8. Place of Entry into The United States? _____

9. Do you currently hold a Taxi/Livery License in this or any city/town in MA? _____

a. If so, Where? _____

10. Have you had any Motor Vehicle Violations? _____

11. Do you possess a criminal Record? _____ Have you ever been arrested? _____

a. If so, Where? _____ When? _____ What offence(s)? _____

b. What was the court disposition(s) for this/these offence(s)? _____

12. Are you presently serving any court ordered Probation? _____

13. Do you read, speak, write and fully understand the English Language? _____

14. Are you familiar with Springfield and surrounding area landmarks, restaurants, hotels and attractions?

15. Can you offer helpful and accurate information to visitors and tourists? _____

I _____, hereby certify under the pains and penalties of perjury that the above information is true and correct.

Authorized Signature

Date

Springfield Police Department
Springfield, Ma. 01105
130 Pearl Street



Springfield Police Department—Taxi Driver, Livery Driver Record Check Form:

NEW: **RENEWAL:** (Check Applicable Box)

The City of Springfield Police Department has been certified by the Criminal History Systems Board (CHSB) for access of conviction and pending criminal case data.

As an applicant for the position of Taxi driver or Livery driver:

I understand that a criminal record check will be conducted for conviction and pending criminal case information only, and that it will not necessarily disqualify me.

The information below is correct to the best of my knowledge.

(Please Print Clearly)

LAST NAME: _____ **FIRST NAME:** _____

Maiden Name or Alias (If Applicable): _____

Date of Birth: ___/___/___ **Social Security (SS)#:** ___-___-___

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Applicant/employee Signature

DO NOT WRITE BELOW THIS LINE OFFICE USE ONLY

Requested by: _____

Signature of CORI Authorized Employee
G.S.P.R.T.X

Revised 8-2015



**CITY OF SPRINGFIELD
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MEDICAL CERTIFICATION FORM

This is to certify that I have examined _____

The applicant for a city of Springfield Taxi License on _____

(Examination must have taken place within the last six (6) months) Based on my examination reported

Herein, it is my opinion that she/he:

_____ Is Medically fit to safely operate a Taxicab.

_____ Is Medically not fit to safely operate a Taxicab.

Physician's Last Name, First Name (Printed)

Physician's Signature

Physician's Phone Number

Physician's License Number

Physician's Street Address

City

State

Zip Code



CITY OF SPRINGFIELD

Title: _____

Company Name: _____

Phone: _____ Fax: _____ E-mail: _____

Registered Company Address: _____

City: _____ State: _____ Zip code: _____

Date Business Commenced: _____ Sole Proprietorship: _____

Partnership: _____ Corporation: _____ Other: _____

Business Information

Primary business address: _____

City: _____ State: _____ Zip code: _____

How long at this address? _____ Telephone: _____

Fax: _____ E-mail: _____

DBA: _____

Primary vehicle color: _____ Number of vehicles: _____

Primary use of vehicles: Livery, Shuttle Etc. _____

List Vehicles:

- | | | |
|----------------|--------------|---------------------|
| 1) Make: _____ | Model: _____ | Registration: _____ |
| 2) Make: _____ | Model: _____ | Registration: _____ |
| 3) Make: _____ | Model: _____ | Registration: _____ |
| 4) Make: _____ | Model: _____ | Registration: _____ |

TAX CERTIFICATION AFFIDAVIT

Individual Social Security Number _____

State Identification Number _____

Federal Identification Number _____

Company: _____

P.O. Box (if any): _____ Street Address Only: _____

City/State/Zip Code: _____

Telephone Number: _____ Fax Number: _____

List address(es) of all other property owned by company in Springfield: _____

State whether the applicant is a:

Corporation _____

Individual _____ Name of Individual: _____

Partnership _____ Names of all Partners: _____

Limited Liability Company _____ Names of all Managers: _____

Limited Liability Partnership _____ Names of Partners: _____

Limited Partnership _____ Names of all General Partners: _____

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided. Each section must be signed by an authorized agent of the entity and the FORM MUST BE NOTARIZED – SEE NEXT PAGE.

FEDERAL TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and
(Authorized agent) (Applicant)
belief, has/have complied with all **United States Federal taxes** required by law.

Applicant Authorized Person's Signature Date: _____

CITY OF SPRINGFIELD TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and
(Authorized agent) (Applicant)
belief, has/have complied with all **City of Springfield taxes** required by law (or has/have entered into a Payment Agreement with the City).

(Authorized agent) (Authorized Person's Signature) Date: _____

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____
(Authorized agent) (Applicant)

to my best knowledge and belief, has/have complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Applicant BY: _____ Date: _____
Authorized Person's Signature

Notary Public

COMMONWEALTH OF MASSACHUSETTS

_____, ss. _____, 201__

Then personally appeared before me [name] _____, [title] _____
of [company name] _____, being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name] _____.

Notary Public

My commission expires: _____

**YOU MUST FILL THIS FORM OUT COMPLETELY AND
YOU MUST FILE THIS FORM WITH YOUR APPLICATION.**