

City of Grove City, Ohio

Application for Registration for:

- 1. Taxicabs
- 2. Tow Trucks

Chapter 723  
Chapter 727

Application No. \_\_\_\_\_ Date \_\_\_\_\_

Application for: Taxicabs Tow Trucks  
(Please circle one)

**Please Print or Type**

**I. APPLICANT INFORMATION:**

1. Name \_\_\_\_\_ 2. Soc. Sec. No./Fed I.D. No. \_\_\_\_\_

Residence:

3. Address \_\_\_\_\_  
No. Street City State Zip

4. How Long? \_\_\_\_\_ 5. Telephone No. ( ) \_\_\_\_\_ 6. Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Years Mo. Day Year

7. Place of Birth \_\_\_\_\_ 8. Race: \_\_\_\_\_ 9. Sex: \_\_\_\_\_

10. Height: \_\_\_\_ft \_\_\_\_in 11. Weight: \_\_\_\_\_lbs 12. Hair Color: \_\_\_\_\_ 13. Eye Color: \_\_\_\_\_

14. Have you had 6 months driving experience? \_\_\_\_\_ 15. State of Ohio Driver's License No. \_\_\_\_\_

16. Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 17. Are you: A Citizen of the United States? \_\_\_\_ A legal alien ? \_\_\_\_

Alien Registration # \_\_\_\_\_.

**II. BUSINESS INFORMATION**

1. Business Name: \_\_\_\_\_ 2. How Long? \_\_\_\_\_

3. Address \_\_\_\_\_  
No. Street City State Zip

4. Business Phone ( ) \_\_\_\_\_

5. List the following for each vehicle to be used:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Seating Capacity \_\_\_\_\_

License No. \_\_\_\_\_ Serial No. \_\_\_\_\_

**III. MEDICAL INFORMATION**

As set forth in Chapter 723 of the City Code:

Eyesight: drivers shall have visual acuity (either without glasses or by correction with glasses) of at least 20/30 in one eye, and 20/100 in the other eye; field of vision of not less than 45 degrees; and ability to distinguish red, green and yellow.

Hearing: driver's hearing shall not be less than 10/20 in the better ear, without a hearing aid;

Drivers shall be free of: epilepsy, vertigo, heart trouble and;

Drivers shall not be: addicted to the use of alcohol or drugs.

**CERTIFICATE OF PHYSICIAN**

I, \_\_\_\_\_, the undersigned licensed physician, do certify that \_\_\_\_\_  
(print name) (print name)

has been examined and that the following conditions were found to be true:

- Hearing ( ) Normal ( ) Abnormal
- Visual Activity ( ) Normal ( ) Abnormal
- Field of Vision ( ) Normal ( ) Abnormal
- Color Vision ( ) Normal ( ) Abnormal
- Epilepsy ( ) Normal ( ) Abnormal
- Vertigo ( ) Normal ( ) Abnormal
- Heart Trouble ( ) Normal ( ) Abnormal

Is Applicant free from any (other) infirmity that would prevent him/her from operating a vehicle for hire with safety?

\_\_\_\_\_ If NO, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attending Physician's Signature Date

\_\_\_\_\_  
Physician's Address

**IV. GENERAL INFORMATION:**

1. Have you ever had a Grove City Taxicab/Tow Truck Driver's Permit? \_\_\_\_\_ If yes, when? \_\_\_\_\_.

2. Have you ever had a permit revoked or suspended? \_\_\_\_\_

3. If yes, when and under what circumstances: \_\_\_\_\_

**(IV. Continued)**

4. Have you ever been convicted of, or forfeited bond for, any Traffic or Criminal violation in Grove City or elsewhere?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. If so, state the following for each case:

Nature of Offense: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Place of Conviction: \_\_\_\_\_

6. Are you currently on Probation? \_\_\_\_\_ Parole? \_\_\_\_\_

7. If yes, for what conviction? \_\_\_\_\_

8. Date began: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ends: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Are you addicted to intoxicating liquor or drugs? \_\_\_\_\_.

10. Give the names and address of your employers, and your occupation for the last five years. If you were in school during such time, give the name of the school, city and state, and use the word "Student" as your occupation.

Year	Employer	Address	Occupation

11. Do you agree to conform to and abide by all the rules and regulations that the City of Grove City Codes governing taxicabs and taxicab drivers or tow trucks and tow truck drivers? \_\_\_\_\_.

**CERTIFICATION:**

I hereby declare that I have read the above application and that all of the statements made therein are true to the best of my knowledge and belief; I understand that the issuance of a license pursuant to this application is not an endorsement by the City of Grove City or by any of its departments, officers, or agents of the activity authorized to be conducted thereby, and I expressly agree that said license certificate shall not be used or represented in any way as such an endorsement. I understand that my license or registration is subject to revocation upon violation of any of the provisions of Chapters 723 and 727 of the Codified Ordinances of the City of Grove City.

In addition, I give the City of Grove City permission to obtain a police record check pertaining to me. I understand that arrest and conviction date for crimes of moral turpitude obtained is to be used by the City Administration to determine whether I am eligible to receive a license pursuant to Chapters 723 and 727 of the Codified Ordinances of the City of Grove City. I understand that I have not engaged in any fraudulent business transaction or enterprise. I hereby release to the City of Grove City, the Grove City Police Department, and all officers and employees connected therewith, from any liability for such use or any other reasonable use or dissemination of arrest and conviction data.

All information contained in this application is subject to disclosure as a matter of public record Any false statement made or given in this application shall result in denial or future revocation of this license, as well as criminal prosecution.

\_\_\_\_\_  
Signature of Applicant