



**TAXICAB BUSINESS
INFORMATION**

RETURN TO
COVINGTON POLICE
DEPARTMENT

1. **Full legal name of applicant** (include all aliases, nicknames, pseudonyms currently or previously used by the applicant):

2. **Home address:** _____

3. **Applicant:** Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

4. **Trade name and legal name of business:** _____

DBA: _____

5. **Business location:** _____

6. **Mailing address:** _____

7. **Telephone number:** _____

8. **Federal employer ID No.** _____ or **Social Security No.** _____

9. **Check one:** Sole proprietorship: _____ Partnership: _____
Corporation: _____ Limited Liability: _____

If the applicant is other than a sole proprietor, then all partners, officers, managers and stockholders holding ten percent (10%) or more interest in the company shall be subject to the provisions of the Taxi Ordinance.

TAXICAB-LIST OF DRIVERS

1. Driver name: _____

Address: _____

Company employee: _____

Independent Contractor: _____

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2. Driver name: _____

Address: _____

Company employee: _____

Independent Contractor: _____

.....
3. Driver name: _____

Address: _____

Company employee: _____

Independent Contractor: _____

.....
4. Driver name: _____

Address: _____

Company employee: _____

Independent Contractor: _____

5. Driver name: _____

Address: _____

Company employee: _____

Independent Contractor: _____

6. Driver name: _____

Address: _____

Company employee: _____

Independent Contractor: _____

7. Driver name: _____

Address: _____

Company employee: _____

Independent Contractor: _____

8. Driver name: _____

Address: _____

Company employee: _____

Independent Contractor: _____
