

# EDGARTOWN POLICE DEPARTMENT

MARTHA'S VINEYARD ISLAND



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CHIEF OF POLICE

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## TAXICAB DRIVER'S LICENSE

### APPLICATION INSTRUCTIONS

1. THESE FORMS MUST BE TYPEWRITTEN OR PRINTED IN BLUE OR BLACK INK BY THE APPLICANT.
2. ALL QUESTIONS MUST BE ANSWERED, IF APPLICABLE. IF NOT APPLICABLE, INDICATE N/A.
3. IF THE SPACE PROVIDED IS NOT SUFFICIENT FOR COMPLETE ANSWERS, OR YOU WISH TO MAKE ADDITIONAL COMMENTS, ATTACH SHEETS THE SAME SIZE AS THESE FORMS AND INDICATE TO WHICH QUESTION THOSE SHEETS PERTAIN.
4. WHEN SUBMITTING THE APPLICATION PLEASE PRESENT THE FOLLOWING:
  - A. YOUR MASSACHUSETTS OPERATOR'S LICENSE.
  - B. TWO PASSPORT SIZE PHOTOGRAPHS OF YOUR FACE AND SHOULDER'S ONLY (APPROX 1 ¼ "IN SIZE).
  - C. THE \$5.00 PROCESSING FEE.
5. FOR FURTHER INFORMATION CONCERNING THE LICENSING PROCESS, PLEASE REVIEW THE SELECTED SECTION OF THE EDGARTOWN TAXICAB REGULATIONS PROVIDED BELOW.

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#### Taxicab Driver; Application for License

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**LICENSE REQUIRED.** No person shall operate a taxicab licensed by the Board unless licensed as a taxicab driver by the Police Department.

**MINIMUM HIRING QUALIFICATIONS.** Prior to making an application for a taxicab driver's license, the taxicab business owner shall determine that, in addition to the conditions as set forth in section 3.3, the applicant is familiar with the geography, roads and traffic regulations within the Town and on Martha's Vineyard; can by reason of experience, training or both, safely operate the type of motor vehicle he or she is to be assigned; and can read and speak the English language sufficiently to converse with the general public, to understand authorized traffic signs in the English language, to respond to official inquiries, or to make entries on reports and records.

**MINIMUM LICENSING REQUIREMENTS.** An applicant for a license to operate a taxicab shall be at least 18 years of age; shall be eligible for employment of the United States; shall be licensed by the Commonwealth to operate such motor vehicle; and have at least one year of experience operating a motor vehicle.

# TOWN OF EDGARTOWN

## APPLICATION FOR TAXICAB DRIVER'S LICENSE

<b>DATE</b>		<b>RENEWAL</b>	YES [ ] NO [ ]	<b>TAXI COMPANY</b>	
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<b>NAME</b>			
	(FIRST)	(MIDDLE)	(LAST)

<b>ISLAND ADDRESS</b>			
	(NUMBER & STREET)	(TOWN)	(TELEPHONE)

<b>OFF-ISLAND ADDRESS</b>			
	(NUMBER & STREET)	(CITY/TOWN)	(STATE)/(ZIP)

<b>MAILING ADDRESS</b>			
	(POST OFFICE BOX)	(CITY/TOWN)	(STATE)/(ZIP)

<b>SOCIAL SECURITY NO.</b>		<b>MA OPERATOR'S LICENSE NO.</b>	
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<b>DATE OF BIRTH</b>		<b>SEX</b>	M [ ] F [ ]	<b>HAIR</b>		<b>EYES</b>	
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WAS YOUR DRIVER'S LICENSE IN THIS STATE, OR ANY STATE, EVER SUSPENDED OR REVOKED?	YES [ ]	NO [ ]	DO YOU NOW OWE MONEY FOR PARKING TICKETS?	YES [ ]	NO [ ]
DO YOU NOW OWE MONEY FOR TRAFFIC FINES?	YES [ ]	NO [ ]	DO YOU NOW OWE MONEY FOR EXCISE TAXES?	YES [ ]	NO [ ]

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE COMPLETE DETAILS BELOW:


<p>I AFFIRM THAT THE ABOVE IS TRUE AND CORRECT AND AFFIX MY SIGNATURE HERETO UNDER THE PAINS AND PENALTIES OF PERJURY AND AGREE BY SIGNING BELOW TO OBSERVE AND COMPLY WITH THE TAXICAB REGULATIONS OF THE TOWN OF EDGARTOWN.</p>  <p style="text-align: center;">_____ SIGNATURE OF APPLICANT</p>	<p style="text-align: center;"><b>POLICE USE ONLY</b></p> <p>APPROVED: YES [ ] NO [ ]</p> <p>REVIEW DATE: _____ <b>CONTROL NUMBER</b> _____</p> <p>OFFICER: _____</p> <p>DATE PAID: _____ <b>DATE ISSUED:</b> _____</p> <p>COMMENTS: _____</p>
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