



**TOWN OF WINTHROP
BOARD OF LICENSE
COMMISSIONERS**

Town Hall, 1 Metcalf Square, Winthrop, MA 02152
Telephone: 617-846-1742 - Fax: 617-539-5814

**APPLICATION FOR A TAXI/LIVERY DRIVER'S
LICENSE**

In accordance with the provisions of Massachusetts General Law and subject to regulations adopted by the Licensing Commission of the Town of Winthrop, application is hereby made for a license to drive a taxi or livery car.

Name: _____
First, Middle Initial and Last Name

Phone No: _____
Area Code - Number

Current Address: _____
Street, City, State, Zip Code

Driver's License No: _____

Previous Address: _____
Street, City, State, Zip Code

PLEASE NOTE: ALL APPLICATIONS ARE SUBJECT TO A CRIMINAL RECORDS CHECK.

_____ ID Theft Index PIN (if applicable)

Date of Birth: _____
Month/Day/Year

Place of Birth: _____
City, State, Country

Father's Name: _____
First, Middle Initial, Last

Mother's Maiden Name: _____
First, Middle Initial, Last

Applicant's Physical Characteristics: _____
Height Weight Eye Color Hair Color

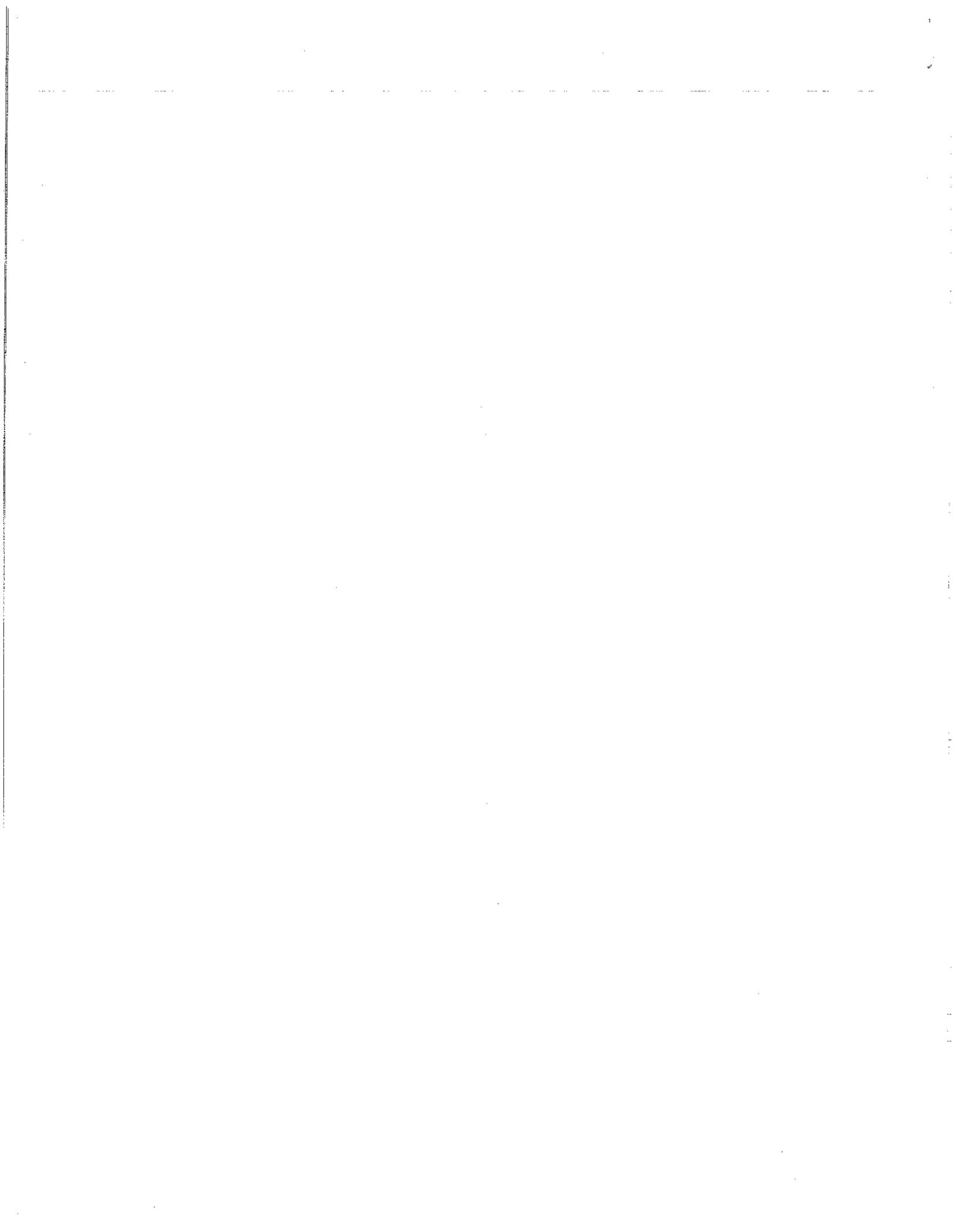
Have you been convicted of a felony within the last three (3) years. Do you have a court record?
(Check one) Yes No (Check one) Yes No

If yes, explain offense and disposition: _____

I herein certify under penalty of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and have paid in full all state and local taxes, fees or other assessments due to the Commonwealth of Massachusetts or the Town of Winthrop:

Signed: _____ Date: _____

Police Department Review: _____
 Approved Denied Signed: _____ Chief of Police
Date: _____



SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known) position applied for

Date of Birth Place of Birth

Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee





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**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Board of Selectmen/Town of Winthrop is registered under the provisions of M.G.L. c. 6, sec 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Board of Selectmen/Town of Winthrop to submit a CORI check for my information to the DCJIS. This authorization is valid for one (1) year from the date of my signature. I may withdraw this authorization at any time by providing the Board of Selectmen/Town of Winthrop with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Board of Selectmen/Town of Winthrop may conduct subsequent CORI checks within one (1) year of the date this Form was signed by me provided, however, that the Board of Selectmen/Town of Winthrop must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

