

Pensacola Police Department

711 N Hayne St. Pensacola, Fl 32501

P.O. Box 1750 Pensacola, Fl 32591

Phone (850) 435-1900 Fax (850) 435-1999

<http://www.pensacolapolice.com/>

When applying for a taxi permit you will need the following:

- Application from our department
(Filled out, Signed, and Notarized)
- Valid Florida Driver License
- **Certified** copy of criminal history from FDLE

Florida Department of Law Enforcement (FDLE)

Pensacola Regional Operations Center
1301 N Palafox St. Pensacola, FL 32501
(800) 226-8574
(850) 595-2100
(850) 595-5580 fax

Background Checks
(850) 410-8109
www.fdle.state.fl.us *
backgrounds@fdle.state.fl.us *

*See attached documents

Sec. 7-10-67. - Qualifications of applicant.

- (a) Each applicant for a taxicab driver's license must:
- (1) Be of the age of twenty-one (21) years of age;
 - (2) Be able to read and write in the English language.
- (b) No taxicab driver's license shall be issued to any person who has been convicted of:
- (1) A class three felony in the United States within the preceding three (3) years or released from incarceration for a class three felony in the United States within the preceding three (3) years;
 - (2) A class two felony, a class one felony, a capital felony, or a life felony;
 - (3) More than one (1) driving under the influence charge; or
 - (4) A sex crime or listed on a sexual offender or sexual predator registry;
 - (5) A misdemeanor three (3) times within a period of three (3) years previous to the date of application;

Nor shall a license be issued to any person who is not a person of good moral character.

(Ord. No. 16-03, § 1, 8-21-03; Ord. 27-10, § 16, 11-18-10)

**Pensacola Police Department
Taxi Driver Permit Application**

Date: _____

I hereby make application to the Pensacola Police Department to operate a taxicab upon the public streets of the City of Pensacola. I declare that I am a legal resident of the United States and provide the following information. If my application is denied for failing to meet the qualification set forth by City Ordinance 7-10, I may file an appeal upon payment of the permit application fee.

Name: _____

Former/Alias Names: _____

Race: _____ **Sex:** _____ **Date of Birth:** _____ **Hgt:** _____ **Wgt:** _____

Hair Color: _____ **Eye Color:** _____

Florida Drivers License #: _____

Place of Birth: _____ **U. S. Citizen:** Yes No
City St

Local Address: _____
Street Apt City St Zip

Hm phone #: _____ **Cell phone #:** _____

Length of time resided in Pensacola: _____

Place of Residence for past 5 yrs previous to moving to current resident:

Year	#	Street	Apt	City	St	Zip
Year	#	Street	Apt	City	St	Zip
Year	#	Street	Apt	City	St	Zip

Employment: _____ **Date of Employment:** _____

Has permit ever been revoked: Yes No **Reason:** _____

Once the preceding form has been completed, please sign in the presence of a Notary Public and have your affirmation and signature attested to by the notary.

State of Florida
County of Escambia

I hereby swear or affirm that all the information given by me on the forgoing Taxi Driver Application is true, correct, and complete. I understand that deliberately false information makes me liable to a charge of perjury and revocation of my taxi driver permit.

Applicant's Signature

Sworn to and subscribed before me this the _____ day of _____, 20 ____.

Notary Public

(Commission Stamp)

Applicant identified to me by FL Drivers License# _____

Police Department Use Only

Taxi Permit Code: 610 L 0

SmartCop: _____ wants _____ history _____ N/A

MNI: _____

Old File: _____

DataShare: _____ wants _____ history _____ N/A

ID# _____

Cad# _____

Processed by: _____

Clerk A#

NCIC provided by applicant: