



Town of West Tisbury

P.O. Box 278
West Tisbury, MA 02575

APPLICATION FOR A PERMIT TO OPERATE A TAXI

Fee: \$15.00 (Non-refundable)

Date of Application: _____

To The Chief of Police:

The undersigned hereby applies for a Permit to Operate a Taxi according the Town of West Tisbury Taxi Regulations:

Name: _____

Local Street Address: _____

Local Mailing Address: _____

Permanent Address: (if different) _____

Massachusetts Driver's Licence Number: _____

Local Phone: _____ Date of Birth: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Taxi Company you will be driving for: Bluefish Mario's

This application is for: a new permit a renewal of a permit

I affirm 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 Town of West Tisbury Taxi Regulations.

Signature of Applicant

Do Not Write Below This Line

Paid: Photos: CORI Release: CORI: Driver's History: Regs:

APPROVED _____ DISSAPPROVED _____

Date

Chief of Police



Town of West Tisbury

Police Department

on
The Island of Martha's Vineyard
West Tisbury, Massachusetts 02575
508-693-0020

Beth A. Toomey
Chief of Police

CORI REQUEST FORM

The West Tisbury Police Department has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a (prospective) employee for the position of **Taxi Driver**, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

(prospective) Taxi Driver Signature

(PROSPECTIVE) TAXI DRIVER INFORMATION

Please Print

Last Name

First Name

Middle Name

Maiden Name or Alias (if applicable)

Date of Birth

Social Security Number: _____ - _____ - _____ (Requested but not required)

Street Address (legal residence): _____

Mailing Address: _____

City, State, Zip: _____

Do not write below this line.

Authorized By: _____

Date: _____

Chief of Police