



CITY OF TOPEKA

CITY CLERK
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TAXI CAB DRIVERS LICENSE APPLICATION

DRIVER INFORMATION:

Name: _____ Telephone No. _____

Address: _____ Zip: _____

Drivers License No: _____

Date of Birth: _____

Taxi Company: (Check one)

____ Capitol City Taxi Co.
2050 SE 30th Street
Topeka, KS 66605

____ Yellow Cab Company of Topeka
1012 SW 17th St
Topeka, KS 66604

License Fee: \$10.00 Sec. 5.10.270 License Period: Year-to-date

5.155.070 Qualifications.

(a) Qualifications. A taxicab driver's license shall only be issued to any person who:

(1) Possesses a valid Kansas driver's license of the class required to operate a taxicab;

YES _____ NO _____

(2) Is the age of 21 years or older; YES _____ NO _____

(3) Within the preceding five-year period does not have a conviction or adjudication under the laws of the United States, this state or any other state, or ordinances of the city or any other city for the following:

(i) Driving under the influence of drugs and/or alcohol; YES _____ NO _____

(ii) Reckless driving; YES _____ NO _____

(iii) Attempting to elude; YES _____ NO _____

(iv) Adjudged a habitual violator. YES _____ NO _____

For purposes of this section, a diversion granted for any of the offenses enumerated in this section shall be considered as a conviction or adjudication.

(4) Submits a test from a United States Department of Transportation approved drug and alcohol testing program that indicates a negative result for alcohol and each of the controlled substances specified in Part 40 (commencing with Section 40.1) of Title 49 of the Code of Federal Regulations. Said test shall be dated no later than 30 days prior to the license application date. As a condition for license renewal, a driver shall provide written documentation of participation in a United States Department of Transportation approved drug and alcohol testing program;

(5) Has been approved for a license by the chief of police as provided herein. The chief of police may deny a license application if an applicant:

(i) Has been convicted of a felony involving the sale or distribution of controlled substances, or a crime against persons or property, within 10 years immediately preceding the date of application, or released or discharged from incarceration on probation, parole, post-release supervision or any other form of conditional or unconditional release for such conviction within five years immediately preceding the date of application; YES____ NO____

(ii) Against whom a judgment or conviction for fraud, deceit or misrepresentation, or a conviction for theft or a prostitution-related crime has been entered within 10 years immediately preceding the date of application; YES____ NO____

(iii) Any other cause that the chief of police determines makes the applicant unfit to drive a taxicab.

Applicant Signature_____ Date_____

***PLEASE INCLUDE CERTIFIED DRIVING RECORD FROM
KANSAS DEPARTMENT OF REVENUE – dated within 30 days of application.**

(Office Use Only)

License Fee:\$10.00 Cash () Charge () Check () Check No._____

Date Paid:_____ License No.: TCDR_____

Date sent to Police Department: _____

Recommendation by Chief of Police: _____
Approved Denied