

TAXI CAB/LIMOUSINE DRIVERS LICENSE APPLICATION

For the License Year Expiring December 31, _____

Each person driving a taxicab or limousine shall fulfill the following requirements:

1. Be at least 18 years of age.
2. Possess a valid Wisconsin motor vehicle operator's license as required by law, and have a driving history acceptable to the city.
3. Be able to speak, read and write the English language.
4. Have NOT been convicted of a felony or of driving a vehicle under the influence of an intoxicant, narcotic or barbiturate, or of reckless driving, unless two years have elapsed since such conviction.
5. Be of sound physique with good eyesight and not subject to epilepsy, vertigo, heart trouble or any infirmity of body or mind which might render applicant unfit for the safe operation of the vehicle.
6. Be clean in dress and person and not addicted to the use of intoxicating liquors or habit-forming drugs.

A. **Name and address of Taxicab or Limousine Company requesting license:**

B. **Name** _____
(First Middle Last) (Please Print)

(Street Address)

(City, State, Zip)

C. **Wisconsin Driver's License Number:** _____

D. **Address of Residence for Past 3 Years:** _____
(Street Address)

(City, State, Zip)

E: **Date of Birth:** _____ **Weight:** _____ **Height:** _____ **Race:** _____

Color of Eyes: _____ **Color of Hair:** _____ **Citizenship:** _____

F. **Have you ever been convicted of a felony or misdemeanor?** ____Yes ____No

If yes, state the details of such convictions on the back of this form

G. **Last place of employment (Name, Address, City, State):** _____

I hereby certify and affirm that the information provided on this application is true and correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I understand that the Police Department will do a record check based on my application.

Signature of Applicant

Date _____

\$20.00 FEE MUST ACCOMPANY THIS APPLICATION. Date Paid _____ Receipt # _____

Approved/Denied _____ Date _____ License # _____