

APPLICATION FOR TAXICAB DRIVERS LICENSE

Name _____ Age _____
(First) (Middle) (Last)

Maiden/Other Possible Names _____ Phone _____

Address _____ Date of Birth _____

City/State/Zip _____ Place of Birth _____

WHERE will you be employed as a Taxicab Driver? _____

List any felony convictions in the past five years. If none, write "NONE". _____

Signature of Applicant _____ Date _____

POLICE DEPARTMENT investigation of the applicant's record has been completed and shows: _____

Approved Denied _____ Chief of Police

For Office Use Only
NEW or RENEWAL

For Office Use Only
 12 months \$5.00
Fee Paid _____
Receipt # _____
Date Paid _____