

APPLICATION FOR LICENSE TO DRIVE TAXICAB

IN THE CITY OF CHIPPEWA FALLS

FEE: \$25.00

NEW _____ RENEWAL _____ Date License Issued: _____ LICENSE NO. _____

I hereby apply for a license to drive a taxicab in the City of Chippewa Falls from the date of approval to the end of the license period June 30, _____.

1. Name (first, m.i., last): _____

2. Address: _____

3. Telephone No. _____

4. Date of Birth: _____

5. Wisconsin Driver License Number: _____

6. How long have you resided at your current address? _____

7. Have you lived in any other state in the past 5 years? _____ YES _____ NO
If yes, please list City & State _____

8. Have you ever held a license to drive a taxicab or operate a motor vehicle for hire?
_____ YES _____ NO

If yes, Where: _____ When: _____

9. Name of Company you plan to work for: _____

A records check will be conducted by the City Police Department for violations of any law or ordinances. Those convictions are considered by the City of Chippewa Falls in determining whether a license will be granted. You will be notified by the City Clerk's office if your application is recommended for denial.

X _____
Signature of Applicant

Police Department Recommendation: Approve _____ Deny _____

By _____ Date _____