

APPLICATION FOR TAXI DRIVER LICENSE

TO THE COUNCIL OF THE CITY OF FOND DU LAC, WISCONSIN:

Name of Applicant _____

Present Address _____ City _____ State _____ Zip _____

Phone _____

Social Security Number _____

Driver's License No. _____ Expiration Date _____

Chauffeur's License No. _____ Expiration Date _____

Where have you lived for the last 5 years? _____

Date of Birth _____ Place of Birth _____

How long have you lived in Fond du Lac? _____

Citizen of the United States? _____

Have you ever been convicted of a felony or misdemeanor? _____

Have you ever been summoned to appear in court? _____

Have you ever been licensed as a cab driver before? _____

Where? _____ When? _____

Have you ever had your license revoked? _____

Why? _____

How long have you been driving cars? _____

How many accidents have you had? _____

Condition of eyesight _____ Hearing _____

Are you subject to epilepsy, vertigo, heart trouble, or any other infirmity?

Name of employer for two years immediately preceding this application:

For whom will you drive cab? _____

This license will expire on the 30th day of June, 20____.

Dated this _____ day of _____, 2____.

Fee: \$55.00

Receipt No. _____

License No. _____

Date Issued _____

***Please stop by the City Clerk's office before
payment to have picture taken.***

Signature of Applicant

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Taxi Cab Driver

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provide to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Taxi Cab Driver

I hereby recommend that the application be:

_____ Granted a license

_____ Denied a license

Comments _____
