

CITY OF TOMAH

TAXICAB / LIMOUSINE DRIVERS LICENSE APPLICATION

\$25.00 FEE MUST ACCOMPANY THIS APPLICATION

For the License Year Expiring December 31, [] New [] Renewal [] 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.

Please Print Legibly

Company Information

Name of Taxicab or Limousine Company: _____

Address of Company: _____
Street City State Zip Code

Applicant's Personal Information

Last Name: _____ First Name: _____ MI: _____

Address: _____
Street City State Zip Code

Previous Address if within 3 years: _____

Telephone #: _____ Email Address: _____

WI Driver's License No.: _____ Exp.: _____

Social Security No.: _____ Date of Birth: _____ Weight: _____

Height: _____ Race: _____ Color of Eyes: _____ Color of Hair: _____ Citizenship: _____

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)

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: _____

OFFICE USE ONLY

Date Paid: _____ Amount Paid: _____ Receipt #: _____ Processed By: _____

Approved by Police Chief: _____ Date: _____

Issue Date: _____ License #: _____