



TAXI CAB DRIVERS LICENSE APPLICATION

FEE: \$33.00

NEW RENEWAL

VALID WISCONSIN DRIVER'S LICENSE REQUIRED

\*\*\* PLEASE PRINT CLEARLY \*\*\*

Form with fields for License/I.D.#, Date of Birth, Phone No., Gender, First Name, Middle Name, Last Name, Street Address, City, State, Zip, Name of Business, and Street Address of Business.

2. Have you EVER been convicted of violating any: Federal Laws ANYWHERE? Wisconsin State Laws? Laws of ANY other State? Ordinances ANYWHERE? Other :

\* If you answered YES to ANY question listed in #2 above, you must fill out the back of this form

3. Have you EVER been on Supervision or Probation?
4. Have you EVER changed your name? If yes, list other names you have had:

5. Are there any CRIMINAL charges PRESENTLY PENDING against you?
\* If you answered YES to #5 above, you must fill out the back of this form

PLEASE be advised that the Police Department will review and verify the information on your application. If any information is omitted, incomplete, or incorrect it is likely that the police department will reject your license application.

APPLICANT'S STATEMENT

I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree, in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and to the provisions of the Municipal Code of Ordinances of the City of Eau Claire.

Signature Date

Mail or bring completed form with payment to: Licensing, City of Eau Claire PO Box 909 203 S. Farwell St. Eau Claire WI 54702-0909 Phone: 715-839-4923 Fax: 715-839-3889

Fee: \$33.00 (non-refundable) Tran Code: 1336 Office use only Do not write in this area

**LIST ALL PAST VIOLATIONS**

Date \_\_\_/\_\_\_/\_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Offense \_\_\_\_\_

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Date \_\_\_/\_\_\_/\_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Offense \_\_\_\_\_

**PENDING CHARGES**

Date \_\_\_/\_\_\_/\_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Charge \_\_\_\_\_

**STAFF USE ONLY**