



TAXI CAB DRIVERS LICENSE APPLICATION

FEE: \$34.00

NEW RENEWAL

VALID WISCONSIN DRIVER'S LICENSE REQUIRED

**** PLEASE PRINT CLEARLY ****

| | | | | | | |
|---|------------|-----|----------------|---------------------------------------|--------------------------|-----|
| Drivers License or I.D.# | | DOB | DL State | Email address | Phone No. () - | |
| Male <input type="checkbox"/> | First Name | | Middle Initial | Last Name | | |
| Female <input type="checkbox"/> | | | | | | |
| Street Address | | | | City | State | Zip |
| Name of Business you are using this license | | | | Street Address of Business (optional) | | |

2. Have you EVER been convicted of violating any:
- | | | |
|--------------------------|------------------------------|-----------------------------|
| Federal Laws ANYWHERE? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wisconsin State Laws? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Laws of ANY other State? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ordinances ANYWHERE? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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? Yes No
4. Have you EVER changed your name? Yes No

If yes, list other names you have had: _____

5. Are there any CRIMINAL charges PRESENTLY PENDING against you? Yes No

*** 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 ____/____/____

Submit form with attachments and payment to:

Paperwork: licensing@eauclairewi.gov
 Payment: www.eauclairewi.gov/payment
 Drop box: 203 S Farwell St., EC, WI 54701
 Mail: City of Eau Claire, PO Box 909, EC, WI 54702
 Phone: 715-839-4923

Fee: \$34.00 (non-refundable) Tran Code: 1336

Office use only
Do not write in this area

12/23 5.54 cc PD: _____ Lic # _____

LIST ALL PAST VIOLATIONS

Date ___/___/___ Nature of Offense _____
Date ___/___/___ Nature of Offense _____
Date ___/___/___ Nature of Offense _____
Date ___/___/___ Nature of Offense _____
Date ___/___/___ Nature of Offense _____
Date ___/___/___ Nature of Offense _____
Date ___/___/___ Nature of Offense _____
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

COMMENTS: _____

**POLICE DEPARTMENT
COMMENTS:** _____

POLICE DEPARTMENT APPROVAL: _____