



License No.	_____
_____ New	_____ Renewal
Date Issued	_____
Date Paid	_____
Receipt #	_____

TAXICAB DRIVER'S LICENSE APPLICATION

Section 12.15 Municipal Code

Fee: \$35.00

PLEASE PRINT ALL INFORMATION

FULL NAME: _____

CURRENT ADDRESS: _____

PREVIOUS ADDRESSES (IF ANY):

Driver's License Number: _____

Date of Birth: _____ Phone Number: _____

Have you been previously licensed as a driver or chauffeur? _____

If so, by whom? _____ When? _____

Has your driver's license ever been revoked or suspended? _____

If so, for what cause? _____

Applicant's Signature

Date

By using any device, means or action, you consent to the legally binding terms and conditions of this application. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.

Approved by:

Police Dept.

City Clerk