

Fees: \$15.00

Receipt No. _____

APPLICATION FOR **TAXI DRIVER** LICENSE

License No. _____

From July 1, 2_____ through June 30, 2_____

Date issued _____

TO THE COUNCIL OF THE CITY OF PLYMOUTH, WISCONSIN:

Name of

Applicant _____

Present Address _____ Last _____ First _____ Middle _____

State _____ Zip _____ City _____

Phone _____ Social Security Number _____

Driver's License No. _____ Expiration Date _____

Chauffeur's License No. _____ Expiration Date _____

Where have you lived the last 5 years? _____

Date of Birth _____ Place of Birth _____

How long have you lived in Plymouth? _____

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 _____ Condition of 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, 2_____

Dated this _____ day of _____, 2_____

Signature of Applicant _____

CITY OF PLYMOUTH

DATE:

TO: Chief of Police

FROM: City Clerk

SUBJECT: Taxi Cab Driver License Request

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 provided to this office.

CITY OF PLYMOUTH

DATE:

TO: City Clerk

FROM: Chief of Police

SUBJECT: Taxi Cab Driver License Request

I hereby recommend that the application be:

_____ Granted

_____ Denied

SIGNATURE _____
