



FEES ARE NON-REFUNDABLE		For Office Use only
<input type="checkbox"/> Initial	\$50.00	Date Rec'd _____
<input type="checkbox"/> Renewal	\$50.00	
<input type="checkbox"/> Investigation Fee	\$ 7.00	Receipt _____
TOTAL AMOUNT PAID \$ _____		

Application for Taxicab Company & Limousine Driver's License

Answer all questions completely. Please print clearly!

Name of Applicant: _____ Male Female **Date of Birth:** ____ / ____ / ____
Last First Middle Initial

Home Address: _____
Street

Home Phone: _____

City State Zip

Previous Address – If less than 2 years at present address: _____
Street

Home Phone: _____

City State Zip

Current Driver's License Number: _____ **State:** _____ Probationary Regular

Are you a citizen of the United States? Yes No

Company employed by: _____

Date Hired: ____ / ____ / ____ **Number of years you have held a D/L:** _____

Has your license EVER been revoked or suspended? Yes No **If YES, please explain:** _____

Is your present driver's license a restricted occupational license? Yes No **If YES, please explain:** _____

Within the last 5 years have you been convicted of Operating a motor vehicle while intoxicated? Yes No **If YES, please explain:** _____

Have you been convicted of more than three Moving traffic violations in the past year? Yes No **If YES, please explain:** _____

Have you had more than three traffic accidents in the past year regardless of fault? Yes No **If YES, please explain:** _____

Have you EVER been convicted of a felony or misdemeanor? Yes No **If YES, please explain:** _____

Have you held a driver's license in another state in the past 5 years? Yes No **If YES, please explain:** _____

Under Penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Applicant's Signature: _____

FOR OFFICE USE ONLY APPROVALS REQUIRED

Police _____ Approve Deny **Reason Denied:** _____
Date sent

License No. _____ Date Issued ____ / ____ / ____ Exp. Date ____ / ____ / ____

**Reasonable accommodations for persons with Disabilities will be made upon request and if feasible.
Return application to: Town Clerk • 1900 Grand Chute Blvd., • Grand Chute, WI 54913-9613**