

APPLICATION FOR TAXICAB OPERATOR'S LICENSE

Request: <input type="checkbox"/> Renewal (\$50.00) <input type="checkbox"/> New (\$50.00) NOTE: A \$7.00 Investigative Fee must accompany the application	DATE
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APPLICANT'S FULL NAME (Please Print) (Last Name, First Name, Middle, Maiden)			
DATE OF BIRTH	PLACE OF BIRTH	DRIVERS LICENSE NUMBER	
HOME ADDRESS	CITY	STATE	ZIP
DAYTIME PHONE	E-MAIL		
NAME OF TAXICAB BUSINESS			TAXICAB BUSINESS PHONE

VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR
VIN	TITLE NUMBER	LICENSE NUMBER	CAPACITY FOR PASSENGERS

Have you ever been convicted of a felony? No Yes

If so, state date, nature of offense and location:

Date **Nature of Offense** **Location: City, County and State**

Have you been arrested for any other offenses? No Yes

If so, state date, nature of offense and location:

Date **Nature of Offense** **Location: City, County and State**

I do hereby make application for an taxicab driver's license from the date hereof to June 30, 20____, inclusive, (unless sooner revoked) to operate a taxicab within the limits of the Village of Mukwonago, all subject to provisions of and limitations imposed by Chapter 90 of the Mukwonago Municipal Code, and all acts amendatory thereof and supplementary thereto.

I further certify that the statements in the foregoing application subscribed by me are true and correct to the best of my knowledge.

Subscribed and sworn to me this _____ day of _____, 20____.

Notary Public _____

Applicant's Signature _____

County _____

Commission Expires _____

FOR OFFICE USE ONLY		
DATE RECEIVED	Receipt #	License #
Disposition of Investigative Check		