

APPLICATION FOR TAXICAB DRIVER'S LICENSE

I, _____, THE UNDERSIGNED, DO HEREBY APPLY
(First name, M.I., Last name)
FOR A TAXICAB DRIVER'S LICENSE IN THE CITY OF WAUPACA FROM _____
TO _____. I HEREBY CERTIFY THAT IN MAKING SAID APPLICATION I HAVE
TRUTHFULLY ANSWERED ALL QUESTIONS CONTAINED HEREIN AND THAT I AM AWARE
THAT ANY FALSE STATEMENT MADE ON THIS APPLICATION VOIDS THE LICENSE ISSUED
FROM THIS APPLICATION.

BIRTHDATE _____ HEIGHT _____
COLOR OF EYES _____ WEIGHT _____
COLOR OF HAIR _____ OCCUPATION _____
WISCONSIN DRIVERS LICENSE NO. _____

HAS YOUR OPERATOR'S LICENSE OR YOUR APPLICATION FOR SUCH LICENSE EVER
BEEN DENIED, SUSPENDED, REVOKED OR CANCELLED IN THIS OR ANY OTHER STATE?
_____ IF SO, DESCRIBE _____

HAVE YOU ANY PHYSICAL DISABILITIES AND IF SO DESCRIBE THEM FULLY.

ARE YOU SUBJECT TO EPILEPSY, VERTIGO, OR HEART TROUBLE OR ANY OTHER
INFIRMITY OF BODY OR MIND? _____

ARE YOU OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF INTOXICATING LIQUOR
OR OTHER HABIT-FORMING DRUGS? _____

ARE YOU ABLE TO READ AND WRITE THE ENGLISH LANGUAGE? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? _____

SIGNATURE

(FOR OFFICE USE ONLY)

ADDRESS

Filed _____

CITY STATE ZIP

Fee _____

Receipt No. _____

License No. _____

DATE

Issued _____