

APPLICATION FOR TAXICAB DRIVER'S LICENSE

*****PLEASE BE SURE TO INCLUDE YOUR MIDDLE INITIAL**

I, _____, the undersigned do hereby apply for a

(First name, M.I., Last name)

taxicab Drivers 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? _____

PHONE NUMBER _____

SIGNATURE _____



ADDRESS _____

CITY STATE ZIP

(FOR OFFICE USE ONLY)

DATE _____

Filed: _____

Issued: _____

Pars _____ CH _____ WCCA _____ Parking _____