



CITY OF RIVER FALLS
TAXICAB DRIVER'S LICENSE APPLICATION
LICENSE YEAR JULY 1, _____ TO JUNE 30, _____

Fee: \$15.00 License Year
(Payment required with application)

Name of Applicant _____
First Middle Last

Present Address _____
House Number, Street, City, State, Zip

How Long at Present Address _____ Phone Number _____

PLACE OF RESIDENCE FOR A PERIOD OF THREE (3) YEARS PRIOR TO MOVING TO PRESENT ADDRESS:

Date of Birth _____ Height _____ Hair _____ Eyes _____

Have You Ever Been Licensed as a Taxicab Driver or Chauffeur _____

If Yes, Where and By What Authority _____

If Yes, Has Your License Ever Been Revoked _____ For What Cause _____

Do you have current arrests with pending criminal charges or have you been convicted of any violation of law other than minor traffic violations? YES* _____ NO _____. (convictions for operating while under the influence of an intoxicant, underage alcohol violations controlled substance or any other drug is not considered traffic and must be reported)

An arrest record is defined as information that a person has been questioned, apprehended, taken into custody or detention, held for investigation, arrested, charged with, indicted or tried for any felony, misdemeanor or other offense by any law enforcement or military authority. A conviction record is defines as information indicating that a person has been convicted of any felony, misdemeanor or other offense, has been judged delinquent, has been less than honorably discharged, or has been placed on probation, fined, imprisoned or pardoned by any law enforcement or military authority.

Please be advised that this information will not automatically disqualify you, but will only be given consideration if the offenses are substantially related to the license in which you are applying for. *If yes, give date, reason, address of court and disposition.

Knowingly providing false information on this application will be grounds for refusal or revocation of license

Applicant Signature _____ Date _____

Approved _____ Date _____

Disapprove _____
Chief of Police or Agent

For Office Use: Customer# Bill # Payor:



CERTIFICATION

DRIVING AND CRIMINAL TAXICAB RECORD CHECK

The _____ has conducted a record check on
Name of Company

Full Name _____

Full Address _____

Date of Birth _____

who is an applicant for a position as a Taxi/Conveyance Operator. The applicant has a valid Operator's License and does not have a pending criminal charge or conviction of a City ordinance or crime that substantially relates to the position of Taxi/Conveyance Operator.

Authorized Signature for Taxi Company

Date