



City of Hudson Taxi Cab Driver's License Application

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI)		Maiden:	
Street Address:			
City:	State:	Zip:	
Driver's License Number: (Attach a copy)		State License Issued In:	
Date of Birth:	Email:	Home Phone Number:	Cell Phone Number:
Name of Taxi Cab Company:	Address:	Phone:	

SECTION 2 – CONVICTION RECORD

Have you EVER been convicted of a felony, misdemeanor, or ordinance violations of any Federal Law, any Wisconsin law or any laws of any other states or of any municipality? (e.g. speeding, OWI, sale of alcohol products) Yes No If Yes; when, where and what type of violation? (Please be specific)

SECTION 4 – EXPERIENCE

Do you have Experience in Transportation of passengers? (If so, please list) Yes No

Do you have an Educational Background? (If so, please list) Yes No

History of Prior Employment: (Please List)

Name of Employer	City, State, Zip:	Phone:	Job Position:
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FOR OFFICE USE ONLY

Taxi Cab Driver's License Fee Collected (\$10.00) <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt #:
Date of Background Check: _____/_____/_____ Approved by Clerk: <input type="checkbox"/> Yes <input type="checkbox"/> No	Clerk Signature:
Council Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Issued: _____/_____/_____	License Number:
Fees Paid: AR <input type="checkbox"/> Court <input type="checkbox"/> Parking <input type="checkbox"/> Utility <input type="checkbox"/> Taxes <input type="checkbox"/>	