

\$45 NEW / \$40 RENEWAL (EXPIRES 6/30/2022)

COPY OF DRIVER'S LICENSE

**Please return your application with the above items by mail** (City Clerk's Office, 215 Church Avenue) **or the City Hall Drop Box** (by our front door) We will not be asking for a photo. Please make sure all questions have been answered and you have signed the application. Once the license is approved we will mail the license and a receipt to you.

CITY OF OSHKOSH TAXICAB DRIVER APPLICATION					
Last Name		First Name		Middle	
Street Address				Apartment	
City		State		Zip	
Phone		E-mail			
Previous Name		Date of Birth			
Applicant's Employer					
Have you ever had a Taxicab Driver's License If so, when & by what municipality?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your Driver's License ever been revoked or suspended? If so, for what cause and when?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you <b>EVER</b> been convicted of a felony? If so, give details:				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you <b>EVER</b> been convicted of a misdemeanor? If so, give details:				YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Character Reference 1 of 2 (non-family member)</b>					
<hr/>					
Name		Address		Phone	
<b>Character Reference 2 of 2 (non-family member)</b>					
<hr/>					
Name		Address		Phone	
The undersigned deposes and says that he/she is the applicant named in the foregoing application and he/she has read each of the questions in said application and that he/she has made complete answers to each question, and that his/her said answers are true and correct.					
Signature of Applicant:				Date:	
The applicant has been investigated and is hereby approved.					
Signature of Chief of Police:				Date:	
License Number 22-_____			Council Approval Date ____/____/_____		
Expiration Date 06/30/2024					