



City of Freeport, Illinois Taxicab Driver License Application

REQUIRED AT TIME OF APPLICATION: 1) LIVE SCAN FINGERPRINTING 2) POLICE GENERATED MVR

APPLICANT INFORMATION

Last Name:	First:	Middle Initial:
Cell Phone:	Home Phone:	
Current address:		
City:	State:	ZIP Code:
Previous address (if current is less than five years):		
City:	State:	ZIP Code:
Sex:	Date of Birth:	Height:
Eye Color:	Hair Color:	Weight:
Driver's License Number:		
Restrictions (hearing, eyesight, etc.):		

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

QUESTIONS (attach extra sheet if necessary)

Describe experience in providing transportation of passengers:		
Have you been convicted of a felony within last ten years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a misdemeanor within the last ten years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had your driver's license suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you familiar with the traffic laws and ordinances of the City of Freeport?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you read and write the English language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been known by any other name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you licensed as a taxi driver in another state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

By signing below, I am affirming that all the answers given in this application are true and correct and made for the purpose of obtaining a taxicab driver's license. I authorize the City of Freeport, Illinois to verify the information in this application by communicating with any person, firm, or corporation necessary and to perform a background check. I agree to conform to the rules and regulations governing public passenger vehicles. I understand that failure to supply required information; to give false information; or to fail to update information which has changed will result in non-issuance or revocation of a license.

Signature of applicant:	Date:
Office use only: Police Chief Recommendation: Approval Denial Signature:	Date:

- A. Attach a copy of current valid driver's license from Illinois Secretary of State.
- B. Attach one color photograph taken within 30 days of the date of filing.
- C. Application must be returned to Freeport Police Department, 320 W. Exchange Street, Freeport IL along with check payable to Freeport Police Department in amount of \$55.00. Upon receipt of the application, the applicant shall submit to fingerprinting.
- D. If application is approved, each applicant shall pay \$20.00 to the Office of the City Clerk for issuance of a taxicab driver license.