

LICENSE APPLICATION for **TAXICAB DRIVER'S LICENSE**

FEES ARE NON-REFUNDABLE

License fee

\$60.00

License Number: $\overline{D} - 2507$

SECTION 1 – APPLICANT INFORMATION					
Applicant Name (Last, First, MI)			400104004001111	Maiden	
Savares Alm 12		_			
Street Address Driver's License Number	City	aval	SANA Issued In	State	Zip S 1720 a Citizen of the United
5120-0127-2680-07	\\\\\\\			States?	(YES) NO
Date of Birth Sex Home	Phone Num	ber .		Gell phone No	571-7335
Previous address – if less than 2 years at present address:	City			State	Zip
Company Employed by		D	Pate hired	5	Number of years you held a D/L
SECTION 2 – CONVICTION RECORD			14	,	
Has your license EVER been revoked or suspended? YES) NO	If Yes,	when and	for what reason	in the last of a
Is your present driver's license a restricted occupational license? YES	NO	If Yes,	please ex	plain:	VIC. Vies Ch
Within the last 5 years have you been convicted of operating YES a motor vehicle while intoxicated?	(N)	If Yes	, please ex	plain:	
Have you been convicted of more than three moving YES violations in the past year?	(Ng	If Yes,	please ex	plain:	
Have you had more than three traffic accidents in the past YES year regardless of fault?	(NO	if Yes,	please ex	plain:	
Have you held a driver's license in another state in the past 5 years? YES	(NO)	If Yes,	please ex	plain:	
SECTION 3 — PENALTY NOTICE					
Under penalty of law, I swear that the information provided in the belief.	is applicati	on is tru	ie and co	rrect to the bes	st of my knowledge and
Applicant's Signature		•	· · · · · · · · · · · · · · · · · · ·		
FOR OFFICE USE ONLY					
Chief of Police or Designee:	Approve	Deny	Rea	ison	
Return application to: City Clerk, 900 Quay Street, Manitowoc, WI 54220	application to: City Clerk, 900 Quay Street, Manitowoc, WI 54220		issued	Exp. date	License Number

Confirmation# 46038019