



Application must be returned to the Freeport Police Department, 320 W. Exchange St., Freeport, IL, along with a check payable to Freeport Police Department in the amount of \$55.00.

Required at the time of Application:

- 1. LIVESCAN FINGERPRINTING
2. POLICE GENERATED MVR
3. COPY OF CURRENT VALID DRIVER'S LICENSE FROM THE ILLINOIS SECRETARY OF STATE
4. ONE COLOR PHOTOGRAPH, TAKEN WITH 30 DAYS OF THE DATE OF FILING

If application is approved, applicant shall pay \$20.00 to the Office of the City Clerk for issuance of a taxicab driver's license.

APPLICANT INFORMATION

Form fields for Applicant Information: LAST Name, FIRST Name, Middle Initial, Current Address, City, State, ZIP, Date of Birth, Sex, Height, Weight, Hair Color, Eye Color, Phone, Email Address, Driver's License #, Restrictions.

Applicant's previous address (if current is less than 5 years):

EMPLOYMENT INFORMATION

Form fields for Employment Information: Current Employer, Employer's Address, City, State, ZIP, How Long Employed?, Phone #, Email Address, Previous Employer, Address, City, State, ZIP, How Long Employed?, Phone #, Email Address.

QUESTIONS (attach extra sheet, if necessary)

Form section for DESCRIBE EXPERIENCE IN PROVIDING TRANSPORTATION OF PASSENGERS with multiple-choice questions and Yes/No options.

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

*** POLICE DEPARTMENT USE ONLY ***

Please initial and date when each step is completed

Form fields for Police Department Use Only: Chief of Police Recommendations (Approved, Denied), Chief of Police Signature, Date.