



CITY of FREEPORT, ILLINOIS

TAXICAB DRIVER'S LICENSE APPLICATION

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 within 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

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: (hearing, eyesight, etc.)			

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

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:			

APPLICANT EXPERIENCE (attach extra sheet, if necessary)

DESCRIBE EXPERIENCE IN PROVIDING TRANSPORTATION OF PASSENGERS:

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

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 ***

Application Received: _____ Fee paid _____ Scan of License _____ Vehicle Registration/Insurance _____ Fingerprints: _____

Chief of Police Recommendations: Approved Denied	Chief of Police Signature:	Date:
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