

# CITY OF NEW BUFFALO - Application for Taxicab Driver's License

## APPLICANT INFORMATION

If the applicant is a partnership, partner information must be attached; and if the applicant is a corporation, the information for all officers and directors must be attached as well. The fee for this license is \$50.00; it expires annually on March 31.

Applicant's full name: \_\_\_\_\_  
Last First Middle Suffix

Any previously used name(s)/ aliases: \_\_\_\_\_

Chauffeur's License Number: \_\_\_\_\_  
State Number

Age: \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_\_

Residence: \_\_\_\_\_  
(No PO Boxes) House No. Street City State ZIP

Residences for the past five years: \_\_\_\_\_  
\_\_\_\_\_

Present occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

## BACKGROUND INFORMATION

1. What is your experience in operating automobiles, taxicabs, or other vehicles used in carrying passengers for hire or on contract:  
\_\_\_\_\_

2. Have you ever been charged with, convicted of, or pled guilty to any felony, crime or misdemeanor, and, if so, the date, nature of the offense, and the court in which such charge was made, conviction was obtained, or plea of guilty entered:  
\_\_\_\_\_

3. Has your chauffeur's license or operator's permit ever been suspended/ revoked; if so, for what cause:  
\_\_\_\_\_

4. List three character references (non-family members), how you know them, and their contact info:

	<i>Name</i>	<i>Relationship</i>	<i>Contact Information</i>
A)	_____	_____	_____
B)	_____	_____	_____
C)	_____	_____	_____

## MORE INFORMATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge; and I authorize investigation of all facts and references provided."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_