

COMPLETE THIS FORM IN ITS ENTIRETY, PLEASE PRINT

ITEMS MUST BE COMPLETE TO PROCESS APPLICATION

Two photos required (full face, no head covering) not longer than 2 ½" x 1 ½"

— Reversed image photos are not acceptable.

Applicants must have and present a valid Driver's License.

— Driver's License address must match application.

— Applicant must be prepared to furnish proof of age, if so requested.

— Applicant must present Social Security Card and/or work permit.

— Applicant must pass written examination.

— Applicant must submit to fingerprints/photograph and background check.

— Applicant must complete, at the applicant's expense, a drug urinalysis test within the 14 days prior to the submittal of the this application to the Licensing and Collections

Department. In addition, applicant must provide written proof issued by a licensed medical facility that there are no illegal or intoxicating substances present in the applicant's urine.

APPLICATION CANNOT BE PROCESSED UNTIL ALL OF THE ABOVE REQUIREMENTS ARE FULFILLED.

Name: _____

Current Address (No P.O. Box) : _____

City: _____ State: _____ Zip: _____

Place of Birth: _____ Date of Birth: _____

Driver's License Number: _____ Social Security Number: _____

States where previous Driver's Licenses have been held: _____

Total number of years as experienced driver: _____

Has your driver's license ever been suspended or revoked? Yes No

Have you ever been arrested for driving under the influence of alcoholic beverage or drugs? Yes No

Have you been arrested and convicted of more than two offenses against the traffic regulations governing the movement of vehicles within one year of the date of this application? Yes No

Have you ever been arrested and/or convicted of a criminal offense or offenses in the State of Illinois or any other state or country? Yes No

If you answered "Yes" to any of the questions above, please explain in detail below:

PAST EMPLOYMENT – LIST PAST 5 YEARS

From:	To:	Business Name Address, City, State, Zip	Reason For Departure

LIST THREE REFERENCES – No past employers or relatives

Name Address, City, State, Zip	Phone Number

What Taxi Company do you intend to drive for? Name and Phone Number

Have you ever been fingerprinted by the Waukegan Police Department for any arrest or other application Yes No

I understand that any false statement shall be sufficient reason for rejection of application or revocation of permit.

 Applicant Name

 Applicant Signature

 Date

FOR OFFICE USE ONLY					
B of I #:		Permit #:		Denied:	<input type="checkbox"/>
Approved: Chief of Police				Denial Reason	