



# TAXICAB DRIVER'S LICENSE APPLICATION

Code Section 6.56  
January 1<sup>st</sup> through December 31<sup>st</sup>

Taxicab Driver's License Fee: \$10.00

Please Print Clearly

All applicants for taxicab driver's licenses must be at least eighteen years of age.

Name of Applicant: \_\_\_\_\_  
(Last) (First) (M.I.) (Maiden)

Address of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Type of State Driver's License Held: \_\_\_\_\_ No. of Licenses Issued: \_\_\_\_\_

General Driving Experience and duration: \_\_\_\_\_

Have you ever been convicted of a **FELONY**? Yes No

Have you ever had **any** violations of law committed while performing duties as a cab driver or the operator of any public transportation? Yes No

Do you have any criminal or ordinance charges presently pending against you? Yes No

Do you presently have any overdue or outstanding forfeitures resulting from a violation of any city ordinance? Yes No

If you have answered **YES** to any of the above questions, list the date, nature of offense and the location of the offense (City, County and State)

Date \_\_\_\_\_ Nature of Offense \_\_\_\_\_ Location: City, County, State \_\_\_\_\_

STATE OF WISCONSIN  
FOND DU LAC COUNTY

\_\_\_\_\_, being first duly sworn an oath says that (s)he is the person who made and signed the foregoing application for a City of Ripon Taxicab Driver's License; that all the statements made by the applicant are true.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, Fond du Lac County, Wisconsin

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**  
*(Sign Before A Notary)*

*Applicant may mail or drop off the application and fee to the Ripon City Hall, 100 Jackson St., Ripon, WI 54971.  
Questions may be emailed to the City Clerk at [nmiller@cityofripon.com](mailto:nmiller@cityofripon.com) or call 920-748-4915.*

Date received and filed with Municipal Clerk:	Cash, Check or Credit Card <i>(Circle One)</i>	Receipt Number:
Date application reviewed by Police Chief:	Police Chief Recommendation:  <input type="checkbox"/> Approve <input type="checkbox"/> Denied	Police Chief Initials:
Date Issued:	License Number:	Initial of Clerk/Deputy Clerk: