

# CITY OF STEVENS POINT TAXICAB DRIVER'S LICENSE APPLICATION



• **TAXICAB DRIVER'S LICENSE** (Must be 21 years of age)

- \$30.00 NEW
- \$30.00 RENEWAL

License No. \_\_\_\_\_ Expiring June 30, 20\_\_\_\_

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

Amount: \_\_\_\_\_

Receipt #: \_\_\_\_\_

**INSTRUCTIONS: PLEASE COMPLETE AND RETURN FORM TO: Stevens Point City Clerk's Office: 1515 Strongs Ave, Stevens Point, WI 54481.** Please print using black ink. Application form must be signed UNDER OATH before a Notary Public. Any omission, misrepresentation, or falsification of information will result in a recommendation of rejection of license privileges. The applicant shall be notified of omissions and may submit a new form after a waiting period of 60 days and remit a new application fee. In addition, the act(s) may result in prosecution for False Swearing, which carries a fine of up to \$10,000.00 or imprisonment not more than 5 years or both. If it becomes known after the license has been issued, it will be grounds for cancelling license privileges. Fingerprinting may be a requirement for identification.

Is this your first application with the City of Stevens Point? YES  NO

If NO, list year of last license held: \_\_\_\_\_

Name: \_\_\_\_\_  
 (Last) (First) (Middle)

Have you ever used any other names?  
 YES  NO  If YES, list: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Apt/Rm. #)

Past addresses outside of Stevens Point during the past 5 years:  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 (City) (State) (ZIP)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Employed at/for: \_\_\_\_\_  
 (Name of Taxi Company)

- Applicant understands that license and application fees are non-refundable.
- Applicant understands question number six (6) and reaffirms verbally that ALL CONVICTIONS for violations of the law involving drugs, drug paraphernalia, or alcoholic beverages have been listed on this application.

**OATH**

I solemnly, sincerely, and truly declare and affirm that the information given on this application is the truth, the whole truth, and nothing but the truth; and this I do under the pains and penalties of perjury. (I am aware that any willful misrepresentation or falsification of information on this application is grounds for criminal prosecution for false swearing.)

\_\_\_\_\_  
Signature of Applicant (Must be signed in the presence of a Notary Public)

STATE OF WISCONSIN     )

SS

COUNTY OF PORTAGE     )

Subscribed and sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_

20\_\_\_\_

\_\_\_\_\_  
CLERK/NOTARY PUBLIC

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

(SEAL)

Answer all questions Truthfully and Accurately:

- 1) Do you currently have any PENDING criminal charges?     YES  NO
- 2) Have you ever been CONVICTED of a felony?     YES  NO
- 3) Are you currently a registered Sex Offender?     YES  NO
- 4) Are you currently on Probation or Parole?     YES  NO
- 5) Have you CONVICTED of Operating While Intoxicated?     YES  NO
- 6) Have you ever been CONVICTED of ANY law violations involving Alcohol, Drugs, or Drug Paraphernalia including Underage Drinking?     YES  NO
- 7) Do you owe any outstanding Fees, Taxes, Delinquencies or Judgments to the city of Stevens Point?     YES  NO

If you marked "YES" to any of the above questions, explain by listing below the Offense, Date, and Location.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE BELOW SPACE IS FOR POLICE USE ONLY**

File No. \_\_\_\_\_ Date Processed \_\_\_\_\_

N/R \_\_\_\_\_ Sec Rec \_\_\_\_\_ Processed By \_\_\_\_\_

APPROVED      REJECTED

\_\_\_\_\_  
Chief of Police (or Designee)