



CITY OF ALGOMA
APPLICATION FOR TAXI DRIVER LICENSE

TO THE COUNCIL OF THE CITY OF ALGOMA, WISCONSIN:

Name of Applicant: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Social Security Number: _____

Driver's License Number: _____ Expiration Date: _____

Chauffeur's License Number: _____ Expiration Date: _____

Where have you lived for the last 5 years? _____

Date of Birth: _____ Place of Birth: _____

How long have you lived in Algoma? _____

Citizen of the United States? _____

Have you ever been convicted of a felony or misdemeanor? _____

Have you ever been summoned to appear in court? _____

Have you ever been licensed for a cab driver before? _____

Where? _____ When? _____

Have you ever had your license revoked? _____

Why? _____

How long have you been driving cars? _____

How many accidents have you had? _____

Condition of eyesight? _____ Hearing? _____

Are you subject to epilepsy, vertigo, heart trouble, or any other infirmity?

Name of Employer for two years immediately preceding this application:

For whom will you drive cab? _____

This license will expire on the 30th day of June, 20 _____

Fee: \$1.00

Receipt No: _____

License No: _____

Date Issued: _____

Signature of Applicant