APPLICATION FOR TAXICAB DRIVER'S LICENSE SPRINGFIELD, ILLINOIS

For Office Use: Renewal License ___New License___

	Name:				
	(first)	(middle)	(last)		
	Maiden Name and/or Aliases:				
2.	Date of Birth:				
3.	*SS#:				
	*Photocopy of social security card	l is required at time of makin	g application.		
4.	**Illinois Drivers License #:	Date Is	sued: Date Expires:		
	**Photocopy of valid license is req	uired at time of making applic	cation.		
5.	***Race: Sex: Eyes:	Hair: Heigh	t: Weight:		
	***The City of Springfield does not	t consider any of these charac	teristics in the issuance of a license		
	These characteristics are used in correctly identifying persons during background investigations.				
5.	Current Address:		City:		
	Zip: Phone:				
7.	List all previous address es: (attach a				
	CITY	COUNTY	STATE		
	/	/			
	/	/			
	/				
8.	Current Employer's Name, Address, P	hone#:			
	Immediate Supervisor:				
	Previous Employer's Name, Address,				
	Former Immediate Supervisor:				
11	1 Office Infinitediate Supervisor.				
			axicab operator that applicant is authorized		
	ATTACHMENT REQUIRED: Writt		axicab operator that applicant is author		
			axicab operator that applicant is author		
	ATTACHMENT REQUIRED: Writt	en Endorsement by licensed to	axicab operator that applicant is author		
12	ATTACHMENT REQUIRED: Writt to drive the operator's cab.	en Endorsement by licensed to			
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12 dis	ATTACHMENT REQUIRED: Writt to drive the operator's cab. Have you ever been arrested or conv	cricted of a felony; or, placed of	on probation for a felony; or, recei		
12 dis	ATTACHMENT REQUIRED: Writt to drive the operator's cab. . Have you ever been arrested or conveposition of court supervision for a felor	cricted of a felony; or, placed of	on probation for a felony; or, recei		
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driving	we you ever been arrested or while intoxicated? [Mark on ()YES ()NO give details below: (attach add	e of the following]	toxicated; or, placed on court supervision for
DATE:	JURISDICTION(City/Co/St):	CHARGE:	DISPOSITION:
license; [Mark	-	moving violation within the f	vithin the five years prior to applying for this license?
DATE:	JURISDICTION(City/Co/St):	CHARGE:	DISPOSITION:
DATE: 6. Hav	JURISDICTION(City/Co/St): we you applied for a taxicab lice.	CHARGE:	DISPOSITION: ast five years?
-	one of the following] ()YES ()NO If YES, w	hen?	_
		AFFIDAVIT	
or mind read, an mislead or other	which might render me unfit ad write the English language ling information nor caused ar Further, the undersigned, bein	for the safe operation of a tax plainly. Further, I hereby state to the to furnish or withhold in g duly sworn, hereby attest, uningfield. I understand that the	and am not subject to any infirmity of the body icab. Further, I verify that I am able to speak, te that I have not knowingly furnished false or information on my behalf. Ider penalty of perjury that I have paid all taxes commissioner shall refuse to issue this license
Applica	nt's Signature:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_ Date: ***********
<u> </u>		E BELOW IS FOR OFFIC	
If appro	gation Completed: Approvoved, appropriate fee establish # issued: Date:		

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION TO THE SPRINGFIELD DEPARTMENT OF BUSINESS LICENSING

myself to a duly author	, do hereby authorize a review of and full disclosure of all records concernized agent of the Springfield, Illinois, Department of Business Licensing, whether sa private, or confidential nature.	Springfield, Illinois, Department of Business Licensing, whether said				
credit history, employs	s authorization is to give consent for full and complete disclosure of criminal arrest recordent records, efficiency ratings and the records and recollections of attorneys at law, or representing me or another person in any case, either criminal or civil, in which I presenterest.	of				
directly or indirectly, i	I understand that any information obtained by a personal history background investigation that is develop irectly or indirectly, in whole or in part, upon this release authorization will be considered in determining naitability to receive a taxi cab driver's license in the City of Springfield.					
	d this authorization to furnish information is executed in consideration of the processi taxi cab driver's license.	ng				
accountable for giving	at any person(s) who may furnish such information concerning me shall not be he his information; and I do hereby release said person(s) from any and all liability that me of the release or collection of such information.					
A photocopy of an original writing of a	his release will be valid as an original thereof, even though said photocopy does not conta by signature.	ain				
I have read and	fully understand the contents of this "Authorization for Release of Personal Information	n."				
Witness	Signature					
Date	Print Name					
	Maiden Name (if applicable)					
	Address					
	City/State/Zip Code					
	Date of Birth					
	Social Security Number					