

Year \_\_\_\_\_  
Annual Fee is \$10.00  
(May 1 thru April 30)

# City of Eagle River

525 E. Maple Street · P.O. Box 1269 · Eagle River · WI 54521  
Phone: 715-479-8682 · Fax 715-479-9674

## Application for Taxi Driver License

Today's Date: \_\_\_\_\_

**NEW**  **RENEWAL**

Full Name: \_\_\_\_\_  
*First* *Full Middle Name* *Last*

Current **PHYSICAL** Address: \_\_\_\_\_

Current **MAILING** Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*Month Day Year*

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

**(A CLEAR COPY OF YOUR CURRENT DRIVER'S LICENSE MUST BE ATTACHED TO THIS APPLICATION)**

TAXI CAB EMPLOYER: \_\_\_\_\_

Has your Wisconsin license ever been - Suspended  OR Revoked  (Please explain)

\_\_\_\_\_  
\_\_\_\_\_

City & State of **ANY** previous residence in the past five years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List **ANY** previous state(s) you held a valid drivers license: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your license ever been suspended or revoked in ANY state and if so, what was the reason? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \* \* \*

**CITY CLERK** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Records check by the Police Department

RECOMMENDED  or NOT RECOMMENDED

\_\_\_\_\_  
**POLICE CHIEF** Signature: \_\_\_\_\_ Date: \_\_\_\_\_