



DEPARTMENT OF POLICE CITY OF QUINCY

An Internationally Accredited Law Enforcement Agency

110 South 8th St. - Quincy, Illinois 62301-4058
Phone (217) 228-4470, Fax (217) 228-4472

TAXI DRIVER APPLICATION

(Please print.)

Date: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Home Phone: _____

Date of Birth: _____
Month Date Year

Sex: _____ Male _____ Female

Do you currently have a valid driver's license? _____ Yes _____ No
In what state are you licensed? _____ Driver's license number: _____

Have you had more than two traffic convictions in the past twelve months? _____ Yes _____ No

In the past three years, have you been convicted or placed on parole or probation for driving under the influence, reckless driving, or any drug or morals charge? _____ Yes _____ No

Have you previously been licensed as a taxi driver? _____ Yes _____ No
If so, how long ago? _____

I, the above named applicant, authorize the Chief of Police or his designate to investigate my background.

Signature of Applicant

"Service - Pride - Dignity"

(Complete and return this page upon receipt of the application.)



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APPLICATION FOR TAXICAB/LIMOUSINE DRIVER'S LICENSE

**MUST BE MADE IN APPLICANT'S OWN HANDWRITING AND IN INK.
APPLICATIONS THAT ARE BADLY TORN OR SOILED WILL BE REFUSED.**

REQUIREMENTS AND INSTRUCTIONS.

Applicant must be 19 years of age, speak, read, and write the English language, must have a thorough knowledge of the provisions of the Public Taxicab and Traffic Ordinances of the City of Quincy and of the geography of the City of Quincy. The applicant may be required to provide evidence of such.

Providing false information will result the immediate disapproval for the license. Failure to answer questions properly and completely will result in the postponement of the issuance of the license or disapproval.

All vouchers must be adult residents of the City of Quincy and of good repute. They must have at least one year's acquaintance with the applicant. **No relatives** will be accepted as vouchers.

All applicants will be subject to a physical examination as to their fitness for the operation of a public transportation vehicle.

All taxicab driver's licenses shall begin on the 1st day of May of each year and terminate on the 30th day of April, following.

The license fee for each license will be \$10.00 and for each renewal thereof, \$10.00.

I, the undersigned, hereby apply to the Chief of Police for a license to drive a taxicab in the City of Quincy, and for that purpose, file the following photograph and information of myself, and give the following answers to the questions contained in this application:

Name: _____
Last First Middle

List any alias names, nicknames, or maiden names:

Date of Birth: _____

Month Date Year

Place of Birth:

City State

Physical Description:

Height Weight Hair Color Eye Color

Current Address:

Number Street City State Zip

Previous Addresses in the Past Three Years:

Number Street City State Zip

Number Street City State Zip

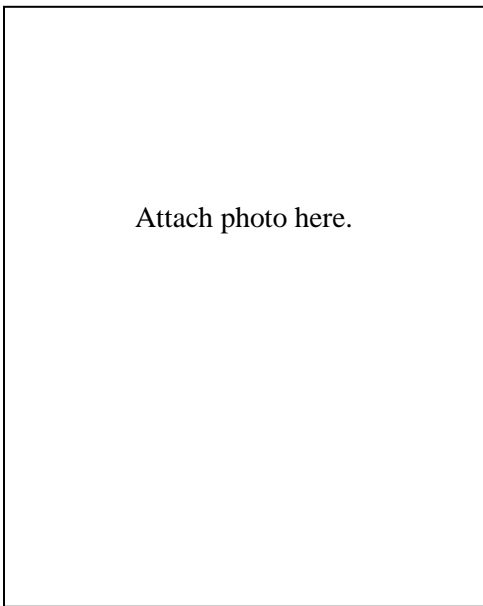
Number Street City State Zip

Length of Residence in the City of Quincy: _____

Marital Status: _____ Married _____ Single

If married, spouse's name: _____

National Citizenship: _____



**NOTE: A second photo must also be provided for the City Clerk's office,
which must be 1" by 1 ½" head and shoulders.**

Have you ever served in the Armed Forces of this or any other country? _____ Yes _____ No

If yes, give details: _____

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No

If yes, complete the following:

<i>Date of Arrest</i>	Charge(s)	Date of Conviction	Disposition (prison, probation, etc.)

Use reverse side if more space is needed and check this box. []

Are you addicted to the use of intoxicating liquors or any habit-forming drugs: _____ Yes _____ No

If yes, give details: _____

Has the City of Quincy or any other jurisdiction ever issued a taxicab driver's license to you? _____ Yes _____ No

Has any taxicab driver's license issued to you by the City of Quincy or any other jurisdiction ever been suspended or revoked? _____ Yes _____ No

State when and where you received training as a driver: _____

Do you currently possess a valid driver's license? _____ Yes _____ No

In what state? _____ Driver's license number: _____

Have you been involved in any traffic accidents or been arrested for any traffic violations during the past three years? _____ Yes _____ No

If yes, give details:

Date	Location	Accident and/or Violation

Use reverse side if more space is needed and check this box. []

Give the names and addresses of your employers and your occupation for the past three years:

Year	Employer	Address	Occupation

Use reverse side if more space is needed and check this box. []

In consideration of the granting of the license hereby applied for, the applicant agrees that service of any paper, notice, letters, summons, complaint or legal process of any kind or nature may be made by the City of Quincy, or any department thereof, upon the person to whom the license is issued, by leaving a copy of any such paper, notice, letter, summons, complaint or legal process with any member of the applicant's family or other persons with whom the applicant may reside.

The applicant agrees to report to the Quincy Police Department every accident in which he/she is involved which results in either injury or property damage.

It is further agreed by the applicant that he/she will conform to all the rules and regulations of the City of Quincy governing public taxicabs and taxi drivers.

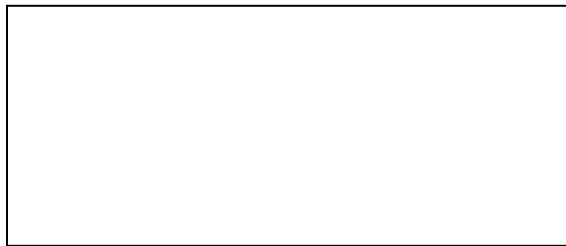
State of Illinois }
 }
County of Adams } ss:

_____ (print name) being duly sworn, deposes and says that the person named within is the individual making the application for a taxicab driver's license; that the answers to the questions and other statements contained therein are true to his or her knowledge and belief:

Signature of Applicant

Sworn to before me this _____ day of _____, 20_____.

Notary Public



Notary Seal

Voucher No. 1
(No relatives accepted.)

The following questions must be answered by Voucher No. 1.

Is the applicant related to you? _____ Yes _____ No

How many taxicab drivers have you vouched for to this department? _____

Has the applicant ever been in your employ? _____ Yes _____ No

Would you employ him/her now, if the opportunity offered? _____ Yes _____ No

Is the applicant, to your knowledge, addicted to the use of
intoxicating liquors and/or drugs? _____ Yes _____ No

Occupation of voucher: _____

State of Illinois }
 }
County of Adams } ss:

_____ (print name) being duly sworn, deposes and says that I have known the applicant, _____ (print name), herein mentioned for a period of _____ years; have observed the applicant's conduct during the period as stated and found the applicant to be honest, sober and of good character, civil in manner and behavior; that I know nothing to the applicant's prejudice and recommend the applicant to the Chief of Police as a fit person to be licensed as a driver of a public taxicab.

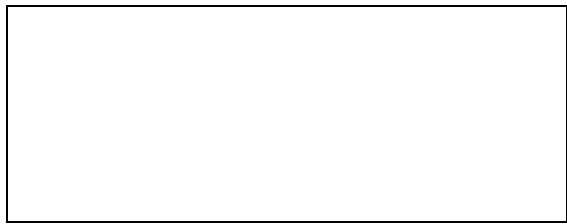
Signature of Voucher

Home Address

Business Address

Sworn to before me this _____ day of _____, 20____.

Notary Public



Notary Seal

Voucher No. 2
(No relatives accepted.)

The following questions must be answered by Voucher No. 1.

Is the applicant related to you? _____ Yes _____ No

How many taxicab drivers have you vouched for to this department? _____

Has the applicant ever been in your employ? _____ Yes _____ No

Would you employ him/her now, if the opportunity offered? _____ Yes _____ No

Is the applicant, to your knowledge, addicted to the use of intoxicating liquors and/or drugs? _____ Yes _____ No

Occupation of voucher: _____

State of Illinois }
 }
County of Adams } ss:

_____ (print name) being duly sworn, deposes and says that I have known the applicant, _____ (print name), herein mentioned for a period of _____ years; have observed the applicant's conduct during the period as stated and found the applicant to be honest, sober and of good character, civil in manner and behavior; that I know nothing to the applicant's prejudice and recommend the applicant to the Chief of Police as a fit person to be licensed as a driver of a public taxicab.

Signature of Voucher

Home Address

Business Address

Sworn to before me this _____ day of _____, 20____.

Notary Public



Notary Seal

**Application for Taxicab Driver's License
City of Quincy**

Physician's Voucher

This is to certify that I have personally examined _____, the applicant named in the within application and find him/her to be of sound physique, with good eyesight, not subject to epilepsy, vertigo, heart trouble, or any other infirmity of body or mind, which might render him/her unfit for the safe operation of a public vehicle.

If physician is unable to certify as above, state below what physical defects the applicant possesses.

Physician's Name: _____

Physician's Signature: _____ Date: _____

Physician's Address: _____ Phone: _____

Certificate of Last Employer

Name of Applicant: _____

Name of Employer: _____

What was the date of termination of such employment? _____

What was the reason for his/her leaving your employ? _____

Would you recommend the applicant as a fit person to be licensed to drive a public vehicle? _____ Yes _____ No

Employer's Signature: _____ Date: _____

Employer's Address: _____ Phone: _____