

**TO: CITY CLERK'S OFFICE, CITY OF MONMOUTH
RE: APPLICATION FOR TAXI CAB OPERATOR'S LICENSE**

I, the undersigned, hereby make application for a City of Monmouth Taxicab Operator's License as required by Municipal Code, Chapter 119.

Part I. Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Age: _____ Hair: _____ Eyes: _____

Place of Birth: _____ Weight: _____ Height: _____

Address: _____

Phone: _____ Employed At: _____

Part II. IL Drivers License #: _____

Have you ever been found guilty of three or more traffic tickets during the past twelve (12) months? If **YES**, explain on reverse.

YES or NO (circle one)

Has your Driver's License EVER been suspended or revoked in this or any other state? If **YES**, explain on reverse.

YES or NO (circle one)

Part III. Have you EVER been arrested and found guilty of a SEX OFFENSE (as defined under Chapter 720, or the Laws of any other jurisdiction punishing the same acts). If **YES**, explain on reverse.

YES or NO (circle one)

Is this a **NEW** or **RENEWAL** application? (circle correct one)

Applicant Signature: _____

Date: _____ Taken by: _____

FEE: \$5.00 (May 1 – April 30)

The following have been copied and attached for Police Review:

1. TTY S.O.S. Confirmation: _____ 2. TTY/CCH: _____

3. Master Index: _____ 4. PIMS: _____ 5. Other: _____

This applicant has been APPROVED: _____ DISAPPROVED: _____

BY THE ORDER OF: _____
BRAD ZEIGLER, CHIEF OF POLICE

**RETURN TO CITY HALL WITH LICENSE FEE AND OTHER
REQUIRED DOCUMENTS**

revised 10/3/08