

**CITY OF HOQUIAM
APPLICATION FOR TAXI DRIVER'S LICENSE**

FEE: \$20.00 (Calendar Year)

Date _____

PLEASE PRINT IN INK OR TYPE

Full Name _____

Street Address _____

Mailing Address (if different) _____

City, State, Zip _____

Phone # _____ SS# _____

Date of Birth _____ Place of Birth _____

Age _____ Race _____ Height _____ Weight _____

Hair Color _____ Eye Color _____

Do you have any disease or physical defects which might render you unfit for safe operation of a taxicab? _____ Explain _____

Do you use intoxicating liquor? _____ Narcotics? _____

Have you ever been convicted of a crime? _____
If so, please state date, place and offense _____

Driver's License # _____ State _____ Expires _____

Have you previously been licensed as a driver or chauffeur? _____ When _____

Where _____ Have you ever had your license revoked?
Suspended? _____ If so, for what cause? _____

For additional comments, please use reverse side of this form.

Applicant understands that it is necessary that the City of Hoquiam investigate applicant's background, including police records, employment history and other records. Applicant consents to the investigations, waives and releases any claim of right of privacy with regard to the investigation, and requests that any person, firm, corporation, agency or governmental department provide any information or copies of records that are requested by the City of Hoquiam herewith.

Applicant Signature _____

Approved Denied

Finance Director _____