



VEHICLE FOR HIRE DRIVER'S APPLICATION FOR CITY LICENSE

City of Clinton
611 South 3rd Street
P.O. Box 2958
Clinton, IA 52733-2958
(563) 244-3421

License # _____
Date Issued: _____

SECTION I – NAME & ADDRESS

Name of Applicant

Home & Mailing Address City State Zip

Phone#

Address for Prior 5 Years (if different from current address)

Race Height Hair Color Eye Color

I do hereby make application for the following City License:

<input type="checkbox"/>	<u>Type of License</u>	<u>Must Comply with City Code Chapter</u>	<u>Fee</u>	<u>Fee After July 1st</u>	<u>Insurance Required</u>	<u>Expiration Date</u>
<input checked="" type="checkbox"/>	Limousine Driver	114	\$35.00	N/A	No	One year from issuance
<input type="checkbox"/>	Taxi Cab Driver	114	\$35.00	N/A	No	One year from issuance

SECTION II – BUSINESS INFORMATION <i>(Information for Business that Applicant has Contracted with for Employment)</i>

Name/Title of Business Applicant will be Employed by

Address of Business

SECTION III - VEHICLE INFORMATION <i>(Information for Vehicle of Business that Applicant Would be Operating)</i>
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Make	Model	Year	Mileage	Capacity	Color	VIN #	Plate #



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SECTION IV – EMPLOYMENT HISTORY

Type of Employment & Jurisdiction in Which Business was Conducted in the Past 12 Months:

Name of Business	Address of Business	Phone #	Supervisor	Time Employed

SECTION V – PRIOR LICENSE REVOCATION

Has a similar license from the City of Clinton or any other jurisdiction been revoked? If yes, why:

SECTION VI – RELEASE AND DISCLOSURE

I _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Clinton, Iowa, whether said records are of a public, private or confidential nature, including criminal histories.

I _____, do hereby authorize the Clinton Police Department, or its designee, to obtain finger prints and take a photograph of myself for identification purposes.

I hereby swear and affirm that each that each statement and all information in or supplementing this application is complete and true and accurately recorded to the best of my knowledge. I understand that providing false, misleading and/or incomplete information on this application will result in my not obtaining a Vehicle for Hire Driver's City License in the City of Clinton, Iowa.

Signature of Applicant

Date



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SECTION VII – CONFIDENTIAL INFORMATION OF APPLICANT

Name of Applicant _____

Social Security # Date of Birth Place of Birth Driver's License #

List all felonies and misdemeanor convictions, including traffic violations for the last ten (10) years:

SECTION VIII – CHECKLIST FOR APPLICANT

- City Application Completed?
- DCI Background Check Form Completed?
- Proof of Valid Iowa Driver's License Provided?
- All fees paid to City Finance Department?

All items must be completed and submitted to the City Clerk's office before the application can be approved.

Please allow at least 2 weeks for your City license application to be processed.

SECTION IX – OFFICE USE ONLY

License#	Fee Paid to Finance Office	DCI Background Check Completed	Approval by Police Department	Approved by Clerk