

**CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB DRIVER**

Fee: \$50

New Renewal

Date Submitted: _____ Amount Paid: \$ _____ Receipt No. _____

Name of Applicant (Last, First, MI): _____

Address of Applicant: _____

Date of Birth: _____ Daytime Telephone Number: _____

Applicant's Drivers License Number: _____ State: _____

Attach a current 1¾" x 1¾" headshot photograph of yourself. License will not be issued without it.

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.40 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

Signature of Applicant

Date

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.

License subject to compliance with Wisconsin Dells Code Section 4.15 and 16.40.

- (1) Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes or assessments or other financial claims of the City, or any City utility are delinquent and unpaid.
- (2) Persons. No person who is delinquent in the payment of any taxes, assessments or other claims owed to the City, including a forfeiture resulting from a violation of any Ordinance of the City, shall be granted or renewed any license for any trade, profession, business or privilege in the City for which a license or permit is required by any provision of this Code.

Office Use Only

Background check completed. _____

License Approved: _____ License Valid from _____, 20____ through March 31, 20____

Conditions (if any): _____

Date Denied: _____ Reason(s): _____