CITY OF GALENA, ILLINOIS

101 Green Street, PO Box 310, Galena, Illinois 61036

Taxicab Driver Permit Application

☐ New Application ☐ Renewal Application

Applicant Information:

Applicant Name: _____
Last First M.I.

Address: _____
City State Zip

Phone #: _____ Email Address: _____

Social Security Number: _____ Driver's License Number: _____

Employed by (business name): _____

Fees:

The fee for the Taxicab Driver Permit is $10 annually, due with the submission of the application.

Required Attachments:

The following attachments must be included with this application:

☐ Copy of current state driver's license

☐ Court Purpose Driver's Abstract obtained from the Illinois Secretary of State within the last 30 days

☐ 2 inch by 2 inch photo of yourself clearly showing your face and shoulders taken within last 30 days (the City will take your photo as an alternative)

☐ Payment of Taxicab Driver Permit fee

Applicant Background:

Please list any criminal convictions:

Criminal Conviction	State of Conviction	Date of Conviction

I, the undersigned, hereby certify that I am physically able and mentally competent to perform the duties of driver/operator and that the above information is true, complete, and accurate to the best of my knowledge. I acknowledge that any misrepresentations or omissions by me on this application may be cause for the denial, suspension, or revocation of the Taxicab Driver Permit.

Printed Name of Applicant: _____

_____

Applicant's Signature Date

TAXICAB DRIVERS APPLICATION

TO: Chief of Police

FROM: Mary Beth Hyde, City Clerk

RE: Application for Taxicab Driver Permit

Please review the qualifications for the following driver:

Name: _____
First Middle Last

Address: _____
Street Address City State Zip

Date of Birth: _____

Drivers Lic. #: _____ Class _____ End _____ Expires: _____

General Waiver

I hereby give my consent to investigate and compile a complete history of information concerning my ability, personal character and driving record, etc. I hereby request the Galena Police Department to submit any and all information concerning me to the City Clerk's Office. I hereby release the Galena Police Department and the City of Galena from all liability for damages whatsoever for furnishing any information concerning me.

_____ _____
Signature of Applicant Date

Police Endorsement

The records maintained and obtained by the Galena Police Department contain the following information pertaining to the person with the same name as the applicant submitting this Taxicab Driver Permit application.

_____
_____
_____
_____