



Application for Taxicab/Limousine Driver's License

CASH OR CHECK ONLY!

☒ Original Application
☐ Renewal - License

FEES ARE NON-REFUNDABLE

☒ Taxicab Driver's License
(CLLTDL) \$57.00

Date Recv'd 3/27/23
Total \$ 57.00
Receipt #: 8327-3

License period is two years
from issue date

Note: Please allow 5 business days for application processing.

SECTION 1 - APPLICANT INFORMATION - Answer all questions completely. Please PRINT clearly.

Applicant Name (First, MI, Last) <u>SARA H Johnson</u>				Maiden	
Street Address <u>135 Union St</u>		City <u>Neenah</u>	State <u>WI</u>	Zip <u>54956</u>	
Driver's License Number [REDACTED]		State <u>WI</u>	Are you a Citizen of the United States? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Date of Birth [REDACTED]	Gender <u>F</u>	Cell Phone Number [REDACTED]	Email Address [REDACTED]		
Previous address - if less than 2 years at present address:		City	State	Zip	
Employing Company <u>LIR Transportation FVC</u>		Date hired <u>Aug 29th 2024</u>	Number of years applicant has held a Driver's License <u>33</u>		

SECTION 2 - CONVICTION RECORD

Has your driver's license EVER been revoked or suspended?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, when and for what reason? <u>Fines</u>	
Is your present driver's license a restricted occupational license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If Yes, please explain:	
Within the last 5 years have you been convicted of operating a motor vehicle while intoxicated?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If Yes, when and for what reason?	
Have you been convicted of more than three moving violations in the past year?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If Yes, please explain:	
Have you had more than three traffic accidents in the past year regardless of fault?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If Yes, please explain:	
Have you held a driver's license in another state in the past 5 years?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If Yes, please explain:	
Have you EVER been convicted of a felony or misdemeanor?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, please explain in detail: <u>Theft</u>	

SECTION 3 - PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Applicant's Signature Sara Johnson

FOR OFFICE USE ONLY

Date sent to APD: <u>MAR 27 2025</u>	Date Approved ____/____/____	Issue Date ____/____/____	Expiration Date ____/____/____	License Number:
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Return to the Office of the City Clerk: 100 N. Appleton St, Appleton, WI 54911