



City Clerk's Office
 300 W. Ash, Rm. 206
 P.O. Box 736
 Salina, KS 67402-0736
 (785) 309-5735

Badge # _____
Year _____

APPLICATION FOR TAXI CAB DRIVER'S LICENSE

Note: Applicant must hold a VALID Kansas Drivers License in order to obtain this license.

New Application

Name _____ DOB ____/____/____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Ks. D.L. Number ____ - ____ - ____ Expires ____/____/____

SSN ____ - ____ - ____ M F Weight ____ Height ____ Hair ____ Eyes _____

Are you currently employed by a taxi service? If yes, which one? _____

Have you **EVER** been convicted of a felony or misdemeanor? Yes No If yes, when, where and for what offenses.

DATE	WHERE	OFFENSE

Have you **EVER** had a diversion or conviction for Driving Under the Influence? Yes No If yes, when and where.

DATE	WHERE

WITHIN THE LAST 5 YEARS:

Have you had any traffic convictions? Yes No If yes, when, where, and why.

DATE	WHERE	WHY

Has your driver's license been suspended or revoked? Yes No If yes, when, where, and why.

DATE	WHERE	WHY

List all accidents you have had while driving, even those not your fault.

DATE	WHERE	WHY

(OVER)

I understand that this application must be submitted to the City Clerk's office with the application fee. I agree to comply with all requirements of the Salina Code and regulations relating to taxi drivers. **I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application. I understand that my records will be checked and if I am found to have misrepresented the facts in this application it will be denied.**

Date _____ Signature _____

Fee paid \$ _____ Receipt No. _____ Date _____ Received by _____

Recommended for approval by the Salina Police Department. **Yes** **No**

If No see additional information attached.

Date _____ Police Department _____

Approved

Date _____ City Clerk _____

Denied/Approved after appeal

Date _____ City Manager _____

Comments:
