



City of **MENOMONIE**

clerk@menomonie-wi.gov

(715) 232-2221 Ext 1006

800 Wilson Avenue
Menomonie, WI 54751

CAB DRIVER LICENSE APPLICATION

Application Date: _____

I hereby apply for a license to drive taxi cab for a period ending June 30th, 20_____

Name: _____
(First) (Middle) (Last)

Street Address: _____

City: _____ Zip Code: _____

Date of Birth: _____ Phone #: _____

Email: _____

Driver's License #: _____

State: _____ Expiration Date: _____

Place of Employment: _____

I hereby authorize the Menomonie Police Department to furnish all information pertaining to my application for a cab driver license to the licensing authorities of the City of Menomonie. This release is authorized with full understanding that the information will be safeguarded against unauthorized disclosure to any party not having a legitimate need for it in the proper discharge of official business of the City of Menomonie.

I hereby release the City of Menomonie, its officers and employees from any liability for damages which may result to me on account of compliance with this authorization.

Applicant Signature

Date

Fee: \$40.00 (\$30.00 License Fee + \$10.00 Investigation Fee)

Receipt: _____ Original to Police Department: _____